

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758298

FILED
Feb 09, 2010
Secretary of State

Entity Name: PHILADELPHIA CHRISTIAN CENTER, INC.

Current Principal Place of Business:

9319 GARDEN OVERLOOK LN
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

9319 GARDEN OVERLOOK LN
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-2346578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, CLESTER REV
9319 GARDEN OVERLOOK LN
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MATTHEWS, CLESTER E
Address: 9319 GARDEN OVERLOOK LN
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: VD
Name: MATTHEWS, DOROTHY
Address: 9319 GARDEN OVERLOOK LN
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: SD
Name: MATTHEWS, GENEVIEVE A
Address: 5681 W MCNAB RD
City-St-Zip: N LAUDERDALE, FL 33068 US

Title: TD
Name: POPE, VALERIE
Address: 2251 NW 49TH AVENUE
City-St-Zip: LAUDERHILL, FL 33313 US

Title: D
Name: WHITE, ROBERT
Address: 2246 FILLMORE ST - APT. 8
City-St-Zip: HOLLYWOOD, FL 33020 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DOROTHY MATTHEWS

VP

02/09/2010

Electronic Signature of Signing Officer or Director

Date