

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758298

FILED  
Feb 19, 2012  
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 E 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

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

VD

02/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date