

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758298 (4)

1. Corporation Name

PHILADELPHIA CHRISTIAN CENTER, INC.

Principal Place of Business

Mailing Address

2170 NW 20TH STREET
FT LAUDERDALE FL 333112170 NW 20TH STREET
FT LAUDERDALE FL 33311-34253. Date Incorporated or Qualified
11/03/19813a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2346578

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHEWS, CLESTER (REVEREND)
3490 NW 23RD COURT
FT LAUDERDALE FL

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MATTHEWS, CLESTER
STREET ADDRESS 4940 NW 18TH STREET
CITY - ST - ZIP LAUDERHILL FL☐ DELETE11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP☐ Change☐ AdditionTITLE VD
NAME JENKINS, DARLEEN G
STREET ADDRESS 3711 NE 21ST ST., #208
CITY - ST - ZIP FT LAUDERDALE FL☐ DELETE21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

VD

☒ Change☐ Addition5812 Blueberry Ct.
Lauderhill, FL 33313TITLE SD
NAME MATTHEWS, DOROTHY
STREET ADDRESS 4940 NW 18TH STREET
CITY - ST - ZIP LAUDERHILL FL☐ DELETE31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP☐ Change☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOROTHY MATTHEWS 3/19/97 (954) 5786 484

Date

Daytime Phone # 0034624

CR2E037 (9/96)