

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002549

1. Entity Name

PEOPLE'S CHURCH INTERNATIONAL INC.

Principal Place of Business

1138 PEACHTREE ST
COCOA FL 32922

Mailing Address

1138 PEACHTREE ST
COCOA FL 32922

870 Australian St.
Merritt Is., FL
32953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3641075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLANAHAN, LELAND DR.
870 AUSTRALIAN ST.
MERRITT ISLAND FL 32953

Name

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

City

FL

Zip Code

8. 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

Leland McClanahan

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-9-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PCD	<input type="checkbox"/> Delete
NAME	MCCLANAHAN, LELAND MD	
STREET ADDRESS	870 AUSTRALIAN ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCCLANAHAN, LAVAUGHN DR	
STREET ADDRESS	870 AUSTRALIAN ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MEYER, ALETHEA I	
STREET ADDRESS	474 KENWOOD AVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input type="checkbox"/> Delete
NAME	KECK JR, HERMAN DR	
STREET ADDRESS	5045 NORTH ROBBERTSON	
CITY-ST-ZIP	SPRINGFIELD MO 65803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leland McClanahan

1-9-02 321-452-0135

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90041 040 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)