


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90043 015 \*\*\*\*61.25

<b>DOCUMENT # N00000002549</b>	
1. Entity Name PEOPLE'S CHURCH INTERNATIONAL INC.	

Principal Place of Business 1138 PEACHTREE ST COCOA, FL 32922	Mailing Address 870 AUSTRALIAN ST MERRITT ISLAND, FL 32953
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**DO NOT WRITE IN THIS SPACE**

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01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3641075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MCCLANAHAN, LELAND DR. Ph.D., 870 AUSTRALIAN ST MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLANAHAN, LAVAUGHN DR 870 AUSTRALIAN ST MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KECK JR, HERMAN DR 5045 NORTH ROBBERSON SPRINGFIELD, MO 65803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>GALDWELL, BONITA DR.</del> <del>1610 21ST AVE SW</del> <del>ROCKLEDGE, FL 32955</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. LOREN Mcclanahan 178 N.W. Curtis St. Port St. Lucie, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Dr. Leland Mcclanahan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-05

Date

321-452-0135

Daytime Phone #