


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90070 004 \*\*\*\*61.25

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

|   |  |
|---|--|
| Principal Place of Business<br><b>1138 PEACHTREE ST<br/>COCOA, FL 32922</b> | Mailing Address<br><b>870 AUSTRALIAN ST<br/>MERRITT ISLAND, FL 32953</b> |
|---|--|

**60008073**



|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

01222007 Chg-NP CR2E037 (12/06)

|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>59-3641075</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                      |  |  |
| 6. Name and Address of Current Registered Agent<br><b>MCCLANAHAN, LELAND DR.<br/>870 AUSTRALIAN ST.<br/>MERRITT ISLAND, FL 32953</b> |  | 7. Name and Address of New Registered Agent            |
|  |  | 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. 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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

|                            |                            |                                 |  |   |  |   |  |
|----------------------------|----------------------------|---------------------------------|--|---|--|---|--|
| 10. OFFICERS AND DIRECTORS |                            |                                 |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |   |  |
| TITLE                      | PCD                        | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | MCCLANANHAN, LELAND PH.D.  |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 870 AUSTRALIAN ST          |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | MERRITT ISLAND, FL 32953   |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | VD                         | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | MCCLANAHAN, LAVAUGHN DR    |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 870 AUSTRALIAN ST          |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | MERRITT ISLAND, FL 32953   |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | D                          | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | KECK JR, HERMAN DR         |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | PLANTATION COUNTRY CLUB    |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | PHAAR, TX 78527            |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      | D                          | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | MCCLANAHAN, LOREN          |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             | 178 NW CURTIS STREET       |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                | PORT SAINT LUCIE, FL 34983 |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                            |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                            |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                            |                                 |  | CITY-ST-ZIP   |  |   |  |
| TITLE                      |                            | <input type="checkbox"/> Delete |  | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       |                            |                                 |  | NAME  |  |   |  |
| STREET ADDRESS             |                            |                                 |  | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP                |                            |                                 |  | CITY-ST-ZIP   |  |   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07

Date

321-452-0138

Daytime Phone #