2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002549

Title:

Name:

Address:

City-St-Zip:

FILED Feb 02, 2009 Secretary of State

Entity Name: PEOPLE'S CHURCH INTERNATIONAL INC.						
Current Pri	incipal Place o	of Business:	New Princ	New Principal Place of Business:		
1138 PEAC COCOA, FL						
Current Ma	ailing Address	:	New Maili	New Mailing Address:		
870 AUSTR MERRITT IS	RALIAN ST SLAND, FL 329	953				
FEI Number: 59-3641075 FE		FEI Number Applied For ()	FEI Number Not Appl	icable () C	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
870 AUSTR	HAN, LELAND RALIAN ST. SLAND, FL 329					
The above in the State	named entity su of Florida.	bmits this statement for the pu	rpose of changing i	ts registered offic	ce or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent			nt	Date		
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCD () D MCCLANANHAN, 870 AUSTRALIAN MERRITT ISLAND	IST	Title: Name: Address: City-St-Zip:	() CI	hange()Addition	
Title: Name: Address: City-St-Zip:	VD () E MCCLANAHAN, L 870 AUSTRALIAN MERRITT ISLAND	IST	Title: Name: Address: City-St-Zip:	() CI	hange()Addition	
Title: Name: Address: City-St-Zip:	D () C KECK JR, HERM PLANTATION CO PHAAR, TX 7852	UNTRY CLUB	Title: Name: Address: City-St-Zip:	D (X) C RAINEY, JUDITH 1038 W. 18TH ST ORLANDO, FL 32	REET	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DR. LELAND MCCLANAHAN PCD 02/02/2009

() Delete

MCCLANAHAN, LOREN

178 NW CURTIS STREET

PORT SAINT LUCIE, FL 34983

(X) Change () Addition

MCCLANAHAN, LOREN

ROCKLEDGE, FL 32955

1108 WOODSMERE PKWY.