

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90214 003 ****70.00

DOCUMENT # N02000002989 1. Entity Name PHILADELPHIA EVANGELICAL CHURCH INC.					
Principal Place of Business 8818 COMMODITY CIR SUITE 40 ORLANDO, FL 32819			Mailing Address PO BOX 618414 ORLANDO, FL 32861-8414		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address PO Box 772076			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State ORLANDO, FL		4. FEI Number NOT APPLICABLE	
Zip		Zip 32877-2076		Country USA	
6. Name and Address of Current Registered Agent PACHECO, HELIO 4303 SUMMIT CREEK BLVD. #4109 ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name HELIO L. PACHECO Street Address (P.O. Box Number is Not Acceptable) 2937 ASHLAND LN. SOUTH City KISSIMMEE FL Zip Code 34741	
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 <u>Helio Pacheco</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>April 21, 2007</u>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	P PACHECO, HELIO L 4303 SUMMIT CREEK BLVD #4109 ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PACHECO, HELIO L. 2937 ASHLAND LN. SOUTH KISSIMMEE FL. 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PACHECO, SELMA S 4303 SUMMIT CREEK BLVD #4109 ORLANDO, FL 32837		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PACHECO, SELMA S. 2937 ASHLAND LN. SOUTH KISSIMMEE, FL. 34741	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, MARCELO R 7607 HIDDEN CYPRESS DR ORLANDO, FL 32822		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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: <u>Helio Pacheco</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>April 21, 2007</u> <small>Date</small>		
<small>Daytime Phone #</small>					