

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90397 023 \*\*\*\*70.00

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N02000007613</b> 1. Entity Name <b>CHURCH OF GOD OF PHILADELPHIA, INC.</b>					
Principal Place of Business 2814 SE IRIS STREET STUART, FL 34997			Mailing Address 2530 SE AMHERST STREET STUART, FL 34997		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2995 SE Aster Lane</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>F-105</b>			
City & State		City & State <b>Stuart, FL</b>		4. FEI Number <b>04-3638237</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34994</b>		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GUZMAN, JOSE R</b> <b>2530 SE AMHERST ST</b> <b>STUART, FL 34997</b>			7. Name and Address of New Registered Agent Name <b>Guzmán, José R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2995 SE Aster Lane F-105</b> City <b>Stuart</b> <b>FL</b> Zip Code <b>34994</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUZMAN, JOSE R 2530 SE AMHERST STREET STUART, FL 34997 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2995 SE Aster Lane F-105</b> <b>Stuart, FL 34994</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input checked="" type="checkbox"/> Delete THAL, ITAZIENNE 3114 SE ELLENDALE STREET STUART, FL 34997		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Thal, Lerojus</b> <b>3114 SE Ellendale Street</b> <b>Stuart, FL 34997</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete CHERISMA, WILNICK 2374 SE FLORESTA DR PORT ST LUCIE, FL 34984		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete JOSEPH, LINA 1243 SW EMPIRE STREET PORT ST. LUCIE, FL 34983		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Beaubriant, Ildieu</b> <b>1968 SW Victor Lane</b> <b>Port St. Lucie, FL 34984</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>José R. Guzmán</u> Pastor Director José R. Guzmán 04/22/08 (561) 236-7596</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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