

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 22, 2008
Secretary of State

DOCUMENT# N04000005587

Entity Name: PHILADELPHIA ALLIANCE CHURCH OF PORT ST. LUCIE, INC.**Current Principal Place of Business:**401 ESSEX DR
PORT ST LUCIE, FL 34984**New Principal Place of Business:****Current Mailing Address:**401 ESSEX DR
PORT ST LUCIE, FL 34984**New Mailing Address:****FEI Number:****FEI Number Applied For ()****FEI Number Not Applicable (X)****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JOSEPH, JEAN C
7451 LADSON TERRACE
LAKE WORTH, FL 33467 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JEAN-CHARLES, IRAME
Address: 401 ESSEX DR
City-St-Zip: PORT ST LUCIE, FL 34984

Title: DT () Delete
Name: DORISMA, JEANETTE
Address: 1510 CORONADO
City-St-Zip: FT. PIERCE, FL 34982

Title: D () Delete
Name: CHARLES, YOLENE
Address: 1721 SW CLOVERLEAF ST
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BERNADIN, LUCIEN
Address: 4074 SW KALLEEN ST
City-St-Zip: PORT ST LUCIE, FL 34953

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.

SIGNATURE: LUCIEN BERNADIN

DR.

08/22/2008

Electronic Signature of Signing Officer or Director

Date