


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90039 050 \*\*\*\*96.25

<b>DOCUMENT # N05194</b>	
1. Entity Name <b>PEOPLE OF CHRIST CHURCH, INC.</b>	

Principal Place of Business <b>2137-9TH AVE S SAINT PETERSBURG FL 33712</b>	Mailing Address <b>2137-9TH AVE S SAINT PETERSBURG FL 33712 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2137-9th Ave. S</b>	3. Mailing Address <b>2137-9th Ave. S</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE

CR2E037 (4/07)

City & State <b>St. Petersburg, Fla</b>	City & State <b>St. Petersburg, Fla</b>
Zip <b>33712</b>	Zip <b>33712</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>59-2466048</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>DANIELS, WILLIAM H 1123 29TH STREET SOUTH ST. PETERSBURG FL 33712</b>	
7. Name and Address of New Registered Agent Name <b>People of Christ Church, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2137-9th Ave. S</b> City <b>St. Petersburg, FL</b> Zip Code <b>33712</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 <b>William H. Daniels (Treasurer)</b>	DATE <b>7-18-07</b>

<b>FILE NOW: FEE IS \$61.25 Due By September 5, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>TD</b>	<input type="checkbox"/> Delete	TITLE <b>TD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DANIELS, WILLIAM H</b>		NAME <b>DANIELS, WILLIAM H</b>	
STREET ADDRESS <b>1123 29TH STREET SOUTH</b>		STREET ADDRESS <b>1123 29TH STREET SOUTH</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		CITY-ST-ZIP <b>ST PETERSBURG FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YOUNG, TONY B</b>		NAME <b>YOUNG, TONY B</b>	
STREET ADDRESS <b>1920 16TH ST S</b>		STREET ADDRESS <b>1920 16TH ST S</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		CITY-ST-ZIP <b>ST PETERSBURG FL</b>	
TITLE <b>CD</b>	<input type="checkbox"/> Delete	TITLE <b>CD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BUTLER, KENNETH R</b>		NAME <b>BUTLER, KENNETH R</b>	
STREET ADDRESS <b>413 LEWIS BLVD, SE</b>		STREET ADDRESS <b>413 LEWIS BLVD, SE</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		CITY-ST-ZIP <b>ST PETERSBURG FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete	TITLE <b>SD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COBARRAS, LEVI III</b>		NAME <b>COBARRAS, LEVI III</b>	
STREET ADDRESS <b>1920 16TH STREET SOUTH</b>		STREET ADDRESS <b>1920 16TH STREET SOUTH</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		CITY-ST-ZIP <b>ST PETERSBURG FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> Delete	TITLE <b>VD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MIMS, WILLIE</b>		NAME <b>MIMS, WILLIE</b>	
STREET ADDRESS <b>1626 16TH STREET SOUTH</b>		STREET ADDRESS <b>1626 16TH STREET SOUTH</b>	
CITY-ST-ZIP <b>ST PETERSBURG FL</b>		CITY-ST-ZIP <b>ST PETERSBURG FL</b>	
TITLE <b></b>	<input type="checkbox"/> Delete	TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b></b>		NAME <b></b>	
STREET ADDRESS <b></b>		STREET ADDRESS <b></b>	
CITY-ST-ZIP <b></b>		CITY-ST-ZIP <b></b>	

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: <b>William H. Daniels (Treasurer)</b>	DATE: <b>7-18-07</b>	FILE NO: <b>727-422-3491</b>
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