

<b>DOCUMENT # N07000009014</b>			
<b>1. Entity Name</b> <b>THE PURSUIT CHRISTIAN CHURCH CORPORATION</b>			
<b>Principal Place of Business</b> <b>12500 SOUTHWEST 20TH ST</b> <b>MIRAMAR, FL 33027</b>		<b>Mailing Address</b> <b>12500 SOUTHWEST 20TH ST</b> <b>MIRAMAR, FL 33027</b>	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>6. Name and Address of Current Registered Agent</b>			
<b>MEHAFFEY, MATT</b> <b>12500 SOUTHWEST 20TH ST</b> <b>MIRAMAR, FL 33027</b>			Name
			Street Address
			City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Senior Pastor & Director <input type="checkbox"/> Delete Matt Mehafeey 12500 SW 20th St. Miramar, FL 33027		<b>11.</b> <b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Director <input type="checkbox"/> Delete Dan Donaldson P.O. Box 51719 Lake Mary, FL 32795-1719		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Director <input type="checkbox"/> Delete Brent Foulke 711 Lorbeer Rd Schenectady, NY 12303		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Director <input type="checkbox"/> Delete Bob Smith 1201 SW 141 Ave #312J Pembroke Pines, FL 33027		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	Mike Tooley Director <input type="checkbox"/> Delete 7951 Presentation Dr. Indianapolis, IN 46278		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</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 on this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 6, changed, or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> <u>Matt Mehafeey</u> <span style="float: right;">matt mehafeey</span>			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			