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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N42480**

1. Corporation Name
NEW PHILADELPHIA COMMUNITY CHURCH, INC.

Principal Place of Business: P.O. BOX 15935, ST. PETERSBURG FL 33733
 Mailing Address: P.O. BOX 15935, ST. PETERSBURG FL 33733



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/13/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3051041	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NESBITT, EDWARD M JR. 4526 YARMOUTH AVE. SO. ST. PETERSBURG FL 33711				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CTR	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NESBITT, EDWARD M JR.			1.2 NAME			
STREET ADDRESS	4526 YARMOUTH AV. SO.			1.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			1.4 CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONYERS, BRENDA			2.2 NAME	Nelson, Brenda		
STREET ADDRESS	1719 40TH STREET SOUTH			2.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			2.4 CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, JAMES			3.2 NAME			
STREET ADDRESS	5899 7TH STREET SOUTH			3.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			3.4 CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, MARY ANN			4.2 NAME			
STREET ADDRESS	1049 27TH AVE S			4.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			4.4 CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCGEE, WYVONNIA			5.2 NAME			
STREET ADDRESS	6284 12TH STREET SOUTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			5.4 CITY-ST-ZIP			
TITLE	TR	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROBINSON, JOYCE			6.2 NAME			
STREET ADDRESS	5899 7TH STREET SOUTH			6.3 STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG FL			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Nesbitt Jr. **SIGNATURE REQUIRED** Edward Nesbitt Jr. 3-16-99 (727) 579-1527

CR2E037 (11/98)