

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90536 009 ****70.00

DOCUMENT # N42480 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3051041	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROBINSON, JAMES C JR 5899 7TH STREET SOUTH SAINT PETERSBURG, FL 33705			Name LORIAN S. WILLIAMS Street Address (P.O. Box Number is Not Acceptable) 2620 MIKOL TERRACE SOUTH City ST. PETERSBURG FL Zip Code 33712		
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 <u><i>Lorian S. Williams</i></u> <small>Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when re-stating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	FS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, LORIAN	NAME			
STREET ADDRESS	2620 MIKOL TERRACE S.	STREET ADDRESS			
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33712	CITY-STATE-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NELSON, BRENDA	NAME			
STREET ADDRESS	1719 40TH ST S	STREET ADDRESS			
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33711	CITY-STATE-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBINSON, JAMES	NAME			
STREET ADDRESS	5899 7TH STREET S	STREET ADDRESS			
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33705	CITY-STATE-ZIP			
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRICE-GASKIN, KIM	NAME			
STREET ADDRESS	2668 69TH AVENUE SOUTH	STREET ADDRESS			
CITY-STATE-ZIP	SAINT PETERSBURG, FL 33712	CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-STATE-ZIP		CITY-STATE-ZIP			

12. 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 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: *Lorian S. Williams* LORIAN S. WILLIAMS 4/30/05 (727) 896-4566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Date/Year