

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2009  
Secretary of State**

DOCUMENT# N42480

Entity Name: NEW PHILADELPHIA COMMUNITY CHURCH, INC.

**Current Principal Place of Business:**

2668 69TH AVENUE SO  
ST. PETERSBURG, FL 33712

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 15935  
ST. PETERSBURG, FL 33733

**New Mailing Address:**

FEI Number: 59-3051041      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NELSON, BRENDA  
1719 40TH STREET SO.  
SAINT PETERSBURG, FL 33711      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: T      ( ) Delete  
Name: NELSON, BRENDA  
Address: 1719 40TH ST SO  
City-St-Zip: SAINT PETERSBURG, FL 33711

Title: ST      ( ) Delete  
Name: PRICE-GASKIN, KIM  
Address: 2668 69TH AVE SO  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: PRES      ( ) Delete  
Name: ROBINSON, JAMES  
Address: 5899 7TH STREET S  
City-St-Zip: SAINT PETERSBURG, FL 33705

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: BRENDA NELSON

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04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date