


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91393 043 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

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		4. FEI Number 59-3051041	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NESBITT, EDWARD M JR. 4526 YARMOUTH AVE. SO. ST. PETERSBURG, FL 33711			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW FEE IS \$61.25		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	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESBITT, JOANN		NAME	NESBITT, JO ANN	
STREET ADDRESS	4526 YARMOUTH AV. SO.		STREET ADDRESS	4526 YARMOUTH AVENUE S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711		CITY-ST-ZIP	ST. PETERSBURG, FL 33711	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONYERS, BRENDA		NAME	WILLIAMS, LORIAN	
STREET ADDRESS	2120 MIKOL TERRACE S		STREET ADDRESS	2620 MIKOL TERRACE S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712		CITY-ST-ZIP	ST. PETERSBURG, FL 33712	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JAMES		NAME	ROBINSON, JAMES	
STREET ADDRESS	5899 7TH STREET SOUTH		STREET ADDRESS	5899 7TH STREET S	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MARY ANN		NAME	BRENDA CONYERS	
STREET ADDRESS	1049 27TH AVE S		STREET ADDRESS	1719 40TH STREET S	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	ST. PETERSBURG, FL	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGEE, WYVONNIA		NAME	MCGEE, WYVONNIA	
STREET ADDRESS	6284 12TH STREET SOUTH		STREET ADDRESS	6284 12TH STREET S	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, JOYCE		NAME	ROBINSON, JOYCE	
STREET ADDRESS	5899 7TH STREET SOUTH		STREET ADDRESS	5899 7TH STREET S	
CITY-ST-ZIP	ST. PETERSBURG, FL		CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
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 empowerings.					
SIGNATURE: <i>Edward M. Nesbitt Jr.</i>			5/1/03 (727) 579-1527		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E037 (10/02)