

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003765

FILED
May 03, 2004
Secretary of State

Entity Name: PHILADELPHIA C.O.G. A.N.G.E.L.S.1, INC.

Current Principal Place of Business:

P.O. BOX 895817
LEESBURG, FL 34789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 895817
LEESBURG, FL 34789

New Mailing Address:

FEI Number: 59-3628807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCELLE, CELIA
943 LEVITT PARKWAY
ROCKLEDGE, FL 32955 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: D () Delete
Name: LONGLEY, CAROLYN
Address: P.O. BOX 895817
City-St-Zip: LEESBURG, FL 34789

Title: D () Delete
Name: MATCELLE, CELIA T
Address: 11021 NORTHERN AVE
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: HOGAN, MARTHA
Address: 705 N. EUSTIS AVE
City-St-Zip: EUSTIS, FL 32726

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 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 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: O. W. LONGLEY

D

05/03/2004

Electronic Signature of Signing Officer or Director

Date