

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:34

DOCUMENT # 735456 (6)  
1. Corporation Name  
KING OF PEACE METROPOLITAN COMMUNITY CHURCH, INC

Principal Place of Business Mailing Address  
3150 5TH AVE. N. ST PETERSBURG FL 33713  
3150 5TH AVE. N. ST PETERSBURG FL 33713

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/02/1976 3a. Date of Last Report 03/02/1994  
4. FEI Number 23-7094353 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
POPE, ROBERT W.  
2037 FIRST AVENUE NO.  
ST. PETERSBURG FL 33713

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	<del>WILLIAMS, BECK</del> West, Carol
STREET ADDRESS	3150 5TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL 33713
TITLE	D
NAME	POPE, ROBERT W.
STREET ADDRESS	3150 5TH AVE NORTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D S
NAME	PREVATT, BILL
STREET ADDRESS	3150 5TH AVENUE NORTH
CITY-ST-ZIP	ST PETERSBURG FL
TITLE	D
NAME	MCCORMICK, TIM
STREET ADDRESS	3150 5TH AVENUE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<del>DR</del> D
NAME	<del>THOMAS, GEORGE</del> Waters, Earl R.
STREET ADDRESS	3150 5TH AVE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL
TITLE	<del>DR</del> T
NAME	<del>WHELAN, SCOTT</del> Sullivan, Thomas
STREET ADDRESS	3150 5TH AVE NORTH
CITY-ST-ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steele, Linda
1.3 STREET ADDRESS	3150 5th Avenue North
1.4 CITY-ST-ZIP	St. Petersburg, Fl 33713
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richardson, Patty Lou
2.3 STREET ADDRESS	3150 5th Avenue North
2.4 CITY-ST-ZIP	St. Petersburg, Fl 33713
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 checked, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (813)  
1-20-94 (Date) 896-6633 (Phone (Area #))  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Robert W. Pope, Vice Moderator, Director