

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003422

FILED
Apr 13, 2004
Secretary of State

Entity Name: QUEEN OF PEACE RADIO, INC.

Current Principal Place of Business:

14041 ATLANTIC BLVD.
ATLANTIC BEACH, FL 32233 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 51585
JACKSONVILLE, FL 322401585 US

New Mailing Address:

FEI Number: 59-3397612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKOWSKI, RAYMOND E ESQ.
886 SOUTH THIRD STREET
JACKSONVILLE BEACH, FL 32250 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: CAGLE, PETER
Address: P.O. BOX 51585 N/A
City-St-Zip: JAX BEACH, FL 32240

Title: D () Delete
Name: MILLER, RICHARD
Address: 29 FAIRWAY LANE
City-St-Zip: JAX BEACH, FL

Title: D () Delete
Name: MAKOWSKI,
Address: 886 SOUTH 3RD ST.
City-St-Zip: JAX BEACH, FL

Title: PD () Delete
Name: WILLIAMS, CHRISTOPHER J
Address: 405 SNAPPING TURTLE CT.
City-St-Zip: ATLANTIC BCH., FL 32233

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:

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: CHRISTOPHER WILLIAMS

PD

04/13/2004

Electronic Signature of Signing Officer or Director

Date