

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000005761

**Entity Name:** GOD PEACE ANOINTED CHURCH, INC.**Current Principal Place of Business:**2526 TRUMAN AVENUE  
PENSACOLA, FL 32505**Current Mailing Address:**2526 TRUMAN AVENUE  
PENSACOLA, FL 32505 US**FEI Number:** 90-0659346**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MURPHY, LATIA  
4021 ERRESS BLVD  
PENSACOLA, FL 32505 US*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:** PROPHETESS CYNTHIA EVERHART

01/21/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           MARKS, C E REV.  
Address        4021 ERRESS BLVD.  
City-State-Zip: PENSACOLA FL 32505

Title            CHAIRMAN DEA  
Name           ROBINSON, LARRY DEACON  
Address        5133 TEAKWOOD DR.  
City-State-Zip: PENSACOLA FL 32506

Title            D  
Name           MARKS, LULA PROPHETESS  
Address        4021 ERRESS BLVD.  
City-State-Zip: PENSACOLA FL 32505

Title            D  
Name           WATTS, MICHELE PROPHETESS  
Address        2303 WEST MICHIGAN AVE  
                    H-2  
City-State-Zip: PENSACOLA FL 32505

Title            D  
Name           LEONARD, TIMOTHY  
Address        4147 TONBRIDGE CIR  
City-State-Zip: PENSACOLA FL 32514

Title            ASST. SECRETARY  
Name           CARTER, TOMEISHA  
Address        687 EDITH LANE  
City-State-Zip: PENSACOLA FL 32534

Title            T  
Name           ROBINSON, TIFFANY  
Address        5133 TEAKWOOD DR.  
City-State-Zip: PENSACOLA FL 32506

Title            CLERK  
Name           MURPHY, LATIA  
Address        4021 ERRESS BLVD.  
City-State-Zip: PENSACOLA FL 32505

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*I hereby 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 all other like empowered.*

**SIGNATURE:** TIFFANY L ROBINSON**TREASURER**

01/21/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name LEONARD, SANDRA  
Address 4147 TONBRIDGE CIR  
City-State-Zip: PENSACOLA FL 32514

Title ASST. SECRETARY  
Name KEONNA JONES, JESSICA  
Address 4147 TONBRIDGE CIR  
City-State-Zip: PENSACOLA FL 32514