FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR -6 AM 6:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729287 (3)

1. Corporation Name
PRINCE OF PEACE REVIVALS, INC.

Principal Place of Business	Mailing Address
362 SMALLWOOD DRIVE FORT PIERCE FL 34982	362 SMALLWOOD DRIVE FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7420656 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

STONE, CHARLES
328 S. 2ND ST.
FORT PIERCE FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1.1 TITLE	D. ☐ Change ☐ Addition
NAME	CARTER, REV ADA M	1.2 NAME	SUSIE FAISON
STREET ADDRESS	362 SMALLWOOD DR	1.3 STREET ADDRESS	2710 AVENUE P
CITY-ST-ZIP	FT PIERCE, FL 00000	1.4 CITY-ST-ZIP	FORT PIERCE, FL. 34947
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SYFRETT, REV., EDWARD	2.2 NAME	
STREET ADDRESS	1765 WORLEY AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	~~SYFRETT, REV. GLADYS~~ Deceased -	3.2 NAME	
STREET ADDRESS	~~1765 WORLEY AVENUE~~ February 15, 1995	3.3 STREET ADDRESS	
CITY-ST-ZIP	~~MERRITT ISLAND FL~~	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, ATHEN A., EVANG.	4.2 NAME	
STREET ADDRESS	~~362 SMALLWOOD DR.~~ 341 JOHNSTON ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT.PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	MD	5.1 TITLE	☐ Change ☐ Addition
NAME	SUDDRETH, BETTY REV	5.2 NAME	
STREET ADDRESS	P O BOX 469 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARCHER FL	5.4 CITY-ST-ZIP	
TITLE	D. Wyman R. Rodgers	6.1 TITLE	☐ Change ☐ Addition
NAME	6000 N. Dixie Highway #7	6.2 NAME	
STREET ADDRESS	FORT PIERCE, FL. 34982-3749	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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 changed, or on an attachment with an address.

SIGNATURE: Rev. Ada M. Carter (PDT) 2-28-95 407-464-4745
* Rev. Ada M. Carter - 3-22-95-
NAME AND TITLE OF PERSON OR OFFICER OR DIRECTOR — NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

607B03