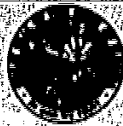


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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.

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 3a. Date of Last Report
04/08/1974 05/01/1994

4. FEI Number Applied For
23-7420656 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

10. Name and Address of New Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDT
NAME CARTER, REV ADA M
STREET ADDRESS 362 SMALLWOOD DR
CITY-ST-ZIP FT PIERCE, FL 00000

1.1 TITLE
1.2 NAME D'SUMIE FAIBAN
1.3 STREET ADDRESS 2710 AVENUE P
1.4 CITY-ST-ZIP FORT PIERCE, FL - 34947

TITLE D
NAME SYFRETT, REV., EDWARD
STREET ADDRESS 1765 WORLEY AVENUE
CITY-ST-ZIP MERRITT ISLAND FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME ~~SYFRETT, REV., GLADYS~~ Released -
STREET ADDRESS ~~1765 WORLEY AVENUE~~ February 13, 1995
CITY-ST-ZIP ~~MERRITT ISLAND FL~~

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VSD
NAME CARTER, ATHEN A., EVANG.
STREET ADDRESS 362 SMALLWOOD DR. 341 JOHNSTON ST.
CITY-ST-ZIP FT. PIERCE FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE MD
NAME SUDDRETH, BETTY REV
STREET ADDRESS P O BOX 489 N/A
CITY-ST-ZIP ARCHER FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D. Wyman R. Rodgers
NAME 6000 U.S. Highway 1
STREET ADDRESS FORT PIERCE, FL. 34982-3749
CITY-ST-ZIP

6.1 TITLE
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 119.07(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 817, 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

607000