


FILE NOW: FILING FEE IS \$61.25

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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729287 (3)**

1. Corporation Name  
**PRINCE OF PEACE REVIVALS, INC.**

Principal Place of Business <b>362 SMALLWOOD DRIVE FORT PIERCE FL 34982</b>	Mailing Address <b>362 SMALLWOOD DRIVE FORT PIERCE FL 34982-7389</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>04/08/1974</b>	3a. Date of Last Report <b>02/16/1996</b>
4. FEI Number <b>23-7420656</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PDT</b>	1.1 TITLE	<b>M/D</b>
NAME	<b>CARTER, REV ADA M</b>	1.2 NAME	<b>DUNKELBERGER REV. Douglas</b>
STREET ADDRESS	<b>362 SMALLWOOD DR</b>	1.3 STREET ADDRESS	<b>801 WISTERIA AVENUE</b>
CITY-ST-ZIP	<b>FT PIERCE, FL 00000</b>	1.4 CITY-ST-ZIP	<b>FORT PIERCE, FL - 34982</b>
TITLE	<b>D</b>	2.1 TITLE	<b>JORDAN BESSIE LEE</b>
NAME	<b>SYFRETT, REV., EDWARD</b>	2.2 NAME	<b>904 N. 52nd STREET</b>
STREET ADDRESS	<b>1765 WORLEY AVENUE</b>	2.3 STREET ADDRESS	<b>FORT PIERCE, FL - 34947</b>
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>FAISON, SUSIE</b>	3.2 NAME	
STREET ADDRESS	<b>2710 AVENUE P</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VSD</b>	4.1 TITLE	
NAME	<b>CARTER, ATHEN A., EVANG</b>	4.2 NAME	
STREET ADDRESS	<b>341 JOHNSON ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>MD</b>	5.1 TITLE	
NAME	<b>SUDDRETH, BETTY REV</b>	5.2 NAME	
STREET ADDRESS	<b>P O BOX 409 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ARCHER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	
NAME	<b>RODGERS, WYMAN R.</b>	6.2 NAME	
STREET ADDRESS	<b>8000 US HWY 1</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT PIERCE FL</b>	6.4 CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change ☐ Addition ☒

Change ☐ Addition ☒

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing 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* **ADD: M. CARTER (PDT) 1-24-97 561-464-4745**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071544

CR2E037 (9/96)