## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 72928

(3)

1. Corporation	on Name	`	(~)						
DDING	E OF PEACE REVIVALS, INC	•							
Finite	E OF PEACE REVIVALS, INC	<i>)</i> •					) 		
ļ									
Principal Place of Business Mailing Address							- -		
202 CHALLMOOD DERIC								,	
362 SMALLWOOD DRIVE   362 SMALLWOOD DRIVE   FORT PIERCE FL 34982   FORT PIERCE FL 34982							3. Date Incorporated or Qualified	- }	
TOTAL TENDE TE OFFICE							04/08/1974	4	
ļ							4. FEI Number Applied For	_	
3 Brigainal F	Place of Business	2a. Mailing Ac	Idraga				23-7420656 Not Applicable	e	
21 Principal 7	race of Dushiess	26 Walling Ac	101622				5. Certificate of Status Desired \$8.75 Additional Fee Required		
Suite, Apt	#, etc.	Suite, Apt.	#, etc.				6. Election Campaign Financing \$5.00 May Be	$\dashv$	
22 27							Trust Fund Contribution Added to Fees		
City & Star	te	City & Stat	City & State				7. Is this nonprofit corporation a homeowners association?		
23		28					Yes TANO	_	
Zip	Country	Zip	-	Count	ry		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No No	١.	
24	25	29		30				<u>† -</u>	
<b></b>	9. Name and Address of Current	Hegistered Agen	<u> </u>	8	1 Name		10. Name and Address of New Registered Agent	$\dashv$	
	0111 PL 20			ľ	Name				
	, CHARLES			8	2 Stree	t Addres	ss (P.O. Box Number is Not Acceptable)	٦	
328 S. 2ND ST. FORT PIERCE FL				8	3		<del></del>		
FURIT	TERUE PL							ال	
				8	4 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									
	Signature, typed or printed name of registered agen		(NOTE:		gent signatu	re required	d when reinstating) DATE	_ հ	
TITLE	OFFICERS AND		DELETE	13. 1,1 TITLE		(2)	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	- 15 - 15 - 15 - 15	
NAME	CARTER, REV ADA M	_	DELLIE	1.2 NAME		7	of Wisteria Avenue	, 5	
STREET ADDRESS	362 SMALLWOOD DR			B	Et address	180	O' WISIECIA INVERTOR	3	
CITY-ST-ZIP	FT PIERCE, FL 00000			1.4 CITY-		F	ORT PIERCE, Flor	2	
TITLE	D		DELETE	2.1 TITLE		(1)	Change Addition	귀변	
NAME	SYFRETT, REV., EDWARD	-		2.2 NAME		100	BESSIE JORDAN Change Addition 904 NORTH 32 STREET FORTPIERCE, F134947	-	
STREET ADDRESS	1765 WORLEY AVENUE			2.3 STREI	ET ADDRESS		904 NORTH OLD STEAM		
CITY-ST-ZIP	MERRITT ISLAND FL			2. 4 CITY	-ST-ZIP		FORTPIERCE, HI 10779/	1	
TITLE	MD		DELETE	3.1 TITLE		(P)		n	
NAME	FAISON, SUSIE - REV.			3.2 NAM8		1	1621 AVENUE M-		
STREET ADDRESS	2710 AVENUE P			3.3 STREE	ET ADDRESS		1621 AVENUE !!!	ĺ	
CITY-ST-ZIP	FT PIERCE FL			3.4. CITY	-ST-ZIP		FOCT PIERCE, FIOR 10A-34950		
TITLE	VSD		DELETE	4.1 TITLE		P	) RUBY 5 DEWNARD Change Addition	ก	
NAME	CARTER, ATHEN A., EVANG			4. 2 NAM	E	-	1621 AVENUE M- APT. A		
STREET ADDRESS	341 JOHNSON ST			4,3 STREE	T ADDRESS		FORT PIFERE, FLORIDA 34950	اد	
CITY-ST-ZIP	FT.PIERCE FL	· · · · · · · · · · · · · · · · · · ·		4.4 CITY		ļ <u>.</u>	·		
TITLE	MD	Ш	DELETE	5.1 TITLE			Change L Addition	١   ١	
NAME	SUDDRETH, BETTY REV			5.2 NAME				j	
STREET ADDRESS	P O BOX 469 N/A				et address	-			
CITY-ST-ZIP	ARCHER FL	- F-21	DEL CAR	5.4 CITY		ļ	AL I supplement	_	
TITLE	MD DUNKELDISED DEV D	<del></del>	QELETÉ	6.1 TITLE			Change Addition	'	
NAME	DUNKELBIPER, REV D	_	-	6.2 NAME					
STREET ADDRESS	801 WISTERIA AVENUE			6,3 STREE	T ADDRESS				
1717.57.770	ter elentre el			■ SACITV	S1-702	1			

14. I 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:

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January 8, 1998-561-464-

**FILED** 

Jan 22 1998 8:00am

Secretary of State

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