


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 729287					
1. Corporation Name PRINCE OF PEACE REVIVALS, INC.					
Principal Place of Business 362 SMALLWOOD DRIVE FORT PIERCE FL 34982			Mailing Address 362 SMALLWOOD DRIVE FORT PIERCE FL 34982		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/08/1974 4. FEI Number 23-7420656 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
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 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	<input type="checkbox"/> DELETE	1.1 TITLE	RUBY S. DENNARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARTER, REV ADA M		1.2 NAME	1621 AVENUE M - APT. A	
STREET ADDRESS	362 SMALLWOOD DR		1.3 STREET ADDRESS	FORT PIERCE, FL - 34950	
CITY-ST-ZIP	FT PIERCE, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	WILLIE (RED) H. DENNARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYFRETT, REV., EDWARD		2.2 NAME	1621 AVENUE M. - APT. A	
STREET ADDRESS	1765 WORLEY AVENUE		2.3 STREET ADDRESS	FORT PIERCE, FL - 34950	
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAISON, SUSIE		3.2 NAME		
STREET ADDRESS	2710 AVENUE P		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		3.4 CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, ATHEN A., EVANG		4.2 NAME		
STREET ADDRESS	341 JOHNSON ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		4.4 CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIGGS, JAMES A		6.2 NAME		
STREET ADDRESS	801 WISTERIA AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: **Rev. Adam M. Carter (PDT)** 2-12-99-561-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

464-4746

CR2E037 (11/98)