

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729287

1. Entity Name

PRINCE OF PEACE REVIVALS, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90194 039 ****75.00

Principal Place of Business

Mailing Address

362 SMALLWOOD DRIVE
FORT PIERCE FL 34982

362 SMALLWOOD DRIVE
FORT PIERCE FL 34982-7389

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7420656

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☒

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDT	<input type="checkbox"/> Delete
NAME	CARTER, REV ADA M	
STREET ADDRESS	362 SMALLWOOD DR	
CITY- ST- ZIP	FT PIERCE, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	SYFRETT, REV., EDWARD	
STREET ADDRESS	1765 WORLEY AVENUE	
CITY- ST- ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENNARD, RUBY S	
STREET ADDRESS	1621 AVENUE M - APT. A	
CITY- ST- ZIP	FT PIERCE FL 34950	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CARTER, ATHEN A., EVANG	
STREET ADDRESS	341 JOHNSON ST	
CITY- ST- ZIP	FT. PIERCE FL	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SUDDRETH, BETTY REV	
STREET ADDRESS	P O BOX 469 N/A	
CITY- ST- ZIP	ARCHER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIGGS, JAMES A	
STREET ADDRESS	801 WISTERIA AVE	
CITY- ST- ZIP	FT PIERCE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Dennard	
STREET ADDRESS	1621 Avenue M, Apt. A	
CITY- ST- ZIP	Fort Pierce, FL - 34950	

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. Ada M. Carter* READA M. CARTER PDT-2-17-2000-464-4745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR2E037 (9/99)