

001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729287

1. Entity Name

PRINCE OF PEACE REVIVALS, INC.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90002 028 ****75.00



DO NOT WRITE IN THIS SPACE

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

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PDT
 CARTER, REV ADA M
 362 SMALLWOOD DR
 FT PIERCE, FL 00000

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 SYFRETT, REV., EDWARD
 1765 WORLEY AVENUE
 MERRITT ISLAND FL

☒ Delete

DECEASED

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

DIANA PERRY
 5015 TURKEY CREEK ROAD
 PLANT CITY, FL - 33567

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 DENNARD, RUBY S
 1621 AVENUE M - APT. A
 FT PIERCE FL 34950

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VSD
 CARTER, ATHEN A. EVANG
 341 JOHNSON ST
 FT. PIERCE FL

☒ Delete

Correction ->
 (Address, Etc)

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

VSD ATHEN A. CARTER -
 LARMON
 2596 MCNEIL ROAD
 FORT PIERCE, FL - 34981

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MD
 SUDDRETH, BETTY REV
 P O BOX 469 N/A
 ARCHER FL

☒ Delete

DECEASED

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☒ Addition

MD
 MARSHALL E. SUDDRETH
 P.O. BOX 469
 ARCHER, FL - 32618

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

D
 DENNARD, WILLIAM
 1621 AVE M APT 9
 FORT PIERCE FL 34950

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

12. 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: Adam M. Carter CARTER, ADAM. March 26th 2001-561-464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 561-464

CR2E037 (10/00)