

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90063 009 ****75.00

DOCUMENT # 729287

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7420656

Applied For

Not Applicable

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 ☐ Delete
**PDT
 CARTER, REV ADA M
 STREET ADDRESS
 362 SMALLWOOD DR
 CITY-ST-ZIP
 FT PIERCE, FL 00000 - 34982-7389**

TITLE NAME ☒ Change ☒ Addition
**DC CHARLES GREGG MOORE
 STREET ADDRESS
 622 PINES KNOLL DRIVE - APT. C
 CITY-ST-ZIP
 FORT PIERCE, FL - 34982-5157**

TITLE NAME ☐ Delete
**D
 PERRY, DIANA
 STREET ADDRESS
 5015 TURKEY CREEK RD
 CITY-ST-ZIP
 PLANT CITY FL 33567**

TITLE NAME ☐ Change ☐ Addition
 (Empty)

TITLE NAME ☐ Delete
**D
 DENNARD, RUBY S
 STREET ADDRESS
 1621 AVENUE M - APT. A
 CITY-ST-ZIP
 FT PIERCE FL 34950** **CHANGE OF ADDRESS**

TITLE NAME ☒ Change ☐ Addition
**M/D
 DENNARD, RUBY S.
 STREET ADDRESS
 1121 HEMLOCK CIRCLE
 CITY-ST-ZIP
 FORT PIERCE, FL - 34947**

TITLE NAME ☐ Delete
**VSD
 CARTER, ATHEN A., EVANG
 STREET ADDRESS
 2596 MCNEIL LARMON RD
 CITY-ST-ZIP
 FORT PIERCE FL 34981** **CORRECTION**

TITLE NAME ☒ Change ☐ Addition
**VSD
 CARTER, LARMON, ATHENAM.
 STREET ADDRESS
 2596 MCNEIL ROAD
 CITY-ST-ZIP
 FORT PIERCE, FL - 34981**

TITLE NAME ☐ Delete
**MD
 SUDDRETH, MARSHALL E
 STREET ADDRESS
 PO BOX 469
 CITY-ST-ZIP
 ARCHER FL 32618**

TITLE NAME ☐ Change ☐ Addition
 (Empty)

TITLE NAME ☐ Delete
**D
 DENNARD, WILLIAM
 STREET ADDRESS
 1621 AVE M APT 9
 CITY-ST-ZIP
 FORT PIERCE FL 34950** **change of ADDRESS**

TITLE NAME ☒ Change ☐ Addition
**D DENNARD, WILLIE H.
 STREET ADDRESS
 1121 HEMLOCK CIRCLE
 CITY-ST-ZIP
 FORT PIERCE, FL - 34947**

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: REVA DAUNE CARTER (P-D-T)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 12, 2002 561-464-4745
 Date Daytime Phone #

CP2E037 (9/01)