

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90099 022 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7420656	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STONE, CHARLES 328 S. 2ND ST. FORT PIERCE FL				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida 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 FORT PIERCE FL 34982-7389	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERRY, DIANA 5015 TURKEY CREEK RD PLANT CITY FL 33567	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD DENNARD, RUBY S 1121 HEMLOCK CIRCLE FORT PIERCE FL 34947	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD, CARTER LARMON, ATHENA M 737 S.E. CARNIVAL AVENUE FORT PIERCE FL 34981	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SUDDRETH, MARSHALL E PO BOX 469 ARCHER FL 32618	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNARD, WILLIE H 1121 HEMLOCK CIRCLE FORT PIERCE FL 34947	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CARTER LARMON, ATHENA M 3844 ST. MARKS AVENUE FORT PIERCE FL 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SUDDRETH, MARSHALL E PO BOX 469 ARCHER FL 32618	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNARD, WILLIE H 1121 HEMLOCK CIRCLE FORT PIERCE FL 34947	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Rev. Ada M. Carter</u> - PDT - REV. ADA M. CARTER - MAR 16 '05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

PHONE 772-46