

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729287

FILED
Jan 12, 2009
Secretary of State

Entity Name: PRINCE OF PEACE REVIVALS, INC.

Current Principal Place of Business:

362 SMALL WOOD DR
FORT PIERCE, FL 349827389

New Principal Place of Business:

Current Mailing Address:

362 SMALL WOOD DR
FORT PIERCE, FL 349827389

New Mailing Address:

FEI Number: 23-7420656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: CARTER, REV ADA M,
Address: 362 SMALLWOOD DR
City-St-Zip: FORT PIERCE, FL 349827389

Title: D () Delete
Name: PERRY, DIANA
Address: 5015 TURKEY CREEK RD
City-St-Zip: PLANT CITY, FL 33567

Title: MD () Delete
Name: DENNARD, RUBY S
Address: 1121 HEMLOCK CIRCLE
City-St-Zip: FORT PIERCE, FL 34947

Title: VSD () Delete
Name: CARTER LARMON, ATHENA M
Address: 3201 RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34981

Title: MD () Delete
Name: SUDDRETH, MARSHALL E
Address: PO BOX 469
City-St-Zip: ARCHER, FL 32618

Title: D () Delete
Name: CLARKE, PAULA
Address: 31 HARBOR ISLAND DR
City-St-Zip: HUTCHINSON ISLAND, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV ADA M CARTER

PDT

01/12/2009

Electronic Signature of Signing Officer or Director

Date