

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90174 006 ****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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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	FORT PIERCE FL 34982-7389	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRY, DIANA	
STREET ADDRESS	5015 TURKEY CREEK RD	
CITY-ST-ZIP	PLANT CITY FL 33567	
TITLE	MD	<input type="checkbox"/> Delete
NAME	DENNARD, RUBY S	
STREET ADDRESS	1121 HEMLOCK CIRCLE	
CITY-ST-ZIP	FORT PIERCE FL 34947	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	CARTER LARMON, ATHENA M	
STREET ADDRESS	2596 MCNEIL ROAD 737 SOUTH EAST	
CITY-ST-ZIP	FORT PIERCE FL 34981 CARNIVAL AVE -	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SUDDRETH, MARSHALL E	
STREET ADDRESS	PO BOX 469	
CITY-ST-ZIP	ARCHER FL 32618	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENNARD, WILLIE H	
STREET ADDRESS	1121 HEMLOCK CIRCLE	
CITY-ST-ZIP	FORT PIERCE FL 34947	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Rev. Ada M. Carter* **Rev. ADA M. CARTER** **PDT** **April 17 2003** **772-464-4745**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/02)