

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745198** (2)

1. Corporation Name
PRINCE OF PEACE, FAITH IN CHRIST, INC.



Principal Place of Business: **5951 FLORALDALE DRIVE JACKSONVILLE FL 32209-2300**
Mailing Address: **5951 FLORALDALE DRIVE JACKSONVILLE FL 32209-2300**

3. Date Incorporated or Qualified: **12/12/1978**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21) Mailing Address (26)
Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)
City & State (23) City & State (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-2951266**
Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **DICKERSON, SHIRLEY 5951 FLORALDALE DRIVE JACKSONVILLE, FL**
10. Name and Address of New Registered Agent (81-85):
81 Name: _____
82 Street Address (P.O. Box Number Is Not Acceptable): _____
83 _____
84 City: _____ FL 85 Zip Code: _____

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: DICKERSON, SHIRLEY STREET ADDRESS: 5951 FLORALDALE DR. CITY - ST - ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE: _____ 1.2 NAME: _____ 1.3 STREET ADDRESS: _____ 1.4 CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: HARRIS JR, JESSIE STREET ADDRESS: 5951 FLORALDALE DR. CITY - ST - ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	2.1 TITLE: _____ 2.2 NAME: _____ 2.3 STREET ADDRESS: _____ 2.4 CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: FLOWERS, EVELYN STREET ADDRESS: 1225 BROAD STREET CITY - ST - ZIP: JACKSONVILLE FL	<input type="checkbox"/> DELETE	3.1 TITLE: _____ 3.2 NAME: _____ 3.3 STREET ADDRESS: _____ 3.4 CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> DELETE	4.1 TITLE: _____ 4.2 NAME: _____ 4.3 STREET ADDRESS: _____ 4.4 CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> DELETE	5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> DELETE	6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Shirley Dickerson (Pastor) 2-23-96 904-765-3790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)