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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF
Sandra B. Mo
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745198** (2)

1. Corporation Name

PRINCE OF PEACE, FAITH IN CHRIST, INC.



Principal Place of Business

Mailing Address

**5951 FLORALDALE DRIVE
JACKSONVILLE FL 32209-2300**

**5951 FLORALDALE DRIVE
JACKSONVILLE FL 32209-2300**

3. Date Incorporated or Qualified
12/12/1978

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2951266

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DICKERSON, SHIRLEY
5951 FLORALDALE DRIVE
JACKSONVILLE, FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DICKERSON, SHIRLEY**
STREET ADDRESS **5951 FLORALDALE DR.**
CITY-STATE-ZIP **JACKSONVILLE FL**

1.1 ☐ Change ☐ Addition
1.2
1.3 ADDRESS
1.4 ZIP

TITLE **SD** ☐ DELETE
NAME **HARRIS JR, JESSIE**
STREET ADDRESS **5951 FLORALDALE DR.**
CITY-STATE-ZIP **JACKSONVILLE FL**

2.1 ☐ Change ☐ Addition
2.2
2.3 ADDRESS
2.4 ZIP

TITLE **TD** ☐ DELETE
NAME **FLOWERS, EVELYN**
STREET ADDRESS **1225 BROAD STREET**
CITY-STATE-ZIP **JACKSONVILLE FL**

3.1 ☐ Change ☐ Addition
3.2
3.3 ADDRESS
3.4 ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 ☐ Change ☐ Addition
4.2
4.3 ADDRESS
4.4 ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 ☐ Change ☐ Addition
5.2
5.3 ADDRESS
5.4 ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 ☐ Change ☐ Addition
6.2
6.3 ADDRESS
6.4 ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 file 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIP

Date

Daytime Phone # 0006266

2-21-97 - 904 765 3790

CR2E037 (9/96)