

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745198

1. Entity Name

PRINCE OF PEACE, FAITH IN CHRIST, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90071 003 ****61.25

Principal Place of Business	Mailing Address
5951 FLORALDALE DRIVE JACKSONVILLE FL 32209-2900	5951 FLORALDALE DRIVE JACKSONVILLE FL 32209-2900



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2951266	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

DICKERSON, SHIRLEY
 5951 FLORALDALE DRIVE
 JACKSONVILLE, 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.

SIGNATURE _____ (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 Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	DICKERSON, SHIRLEY
STREET ADDRESS	5951 FLORALDALE DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	SD <input type="checkbox"/> Delete
NAME	HARRIS JR, JESSIE
STREET ADDRESS	5951 FLORALDALE DR.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TD <input type="checkbox"/> Delete
NAME	FLOWERS, EVELYN
STREET ADDRESS	1225 BROAD STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Shirley Dickerson (Pastor)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-00 904-765-3790
 Date Daytime Phone #

CR2E037 (9/99)