


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90069 039 ****61.25

DOCUMENT # 767292 1. Entity Name PEACE PRESBYTERIAN CHURCH, INC.					
Principal Place of Business 2300 SOUTHSIDE BOULEVARD JACKSONVILLE, FL 32216			Mailing Address 2300 SOUTHSIDE BOULEVARD JACKSONVILLE, FL 32216		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1022449	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DODGE, JODI M 1054 LANGSLAND CT JACKSONVILLE, FL 32257			7. Name and Address of New Registered Agent Name DODGE, JODI ANDERSON Street Address (P.O. Box Number is Not Acceptable) 10544 LANGSLAND CT City JACKSONVILLE FL Zip Code 32257		
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 <u><i>Jodi Anderson Dodge</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				<u>March 16, 2008</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	SD ANDERSON DODGE, JODI M 1054 LANGSLAND CT JACKSONVILLE, FL 32257 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DODGE, JODI ANDERSON 10544 LANGSLAND CT JACKSONVILLE, FL 32257 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSBORNE, LARRY 8743 RICARDO LANE JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEE ATTACHED LIST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

50001136



02142008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1022449

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name **DODGE, JODI ANDERSON**
 Street Address (P.O. Box Number is Not Acceptable)
10544 LANGSLAND CT
 City **JACKSONVILLE** **FL** Zip Code **32257**

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 *Jodi Anderson Dodge*
Signature, typed or printed name of registered agent and title if applicable.

March 16, 2008
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jodi Anderson Dodge*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 16, 2008
Date

Daytime Phone #

ATTACHMENT

~~ST0001136~~
~~#~~ 767292

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 (CONTINUED)

TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAUK, BRENDA	
STREET ADDRESS	P.O. BOX 44249, FLO117	
CITY-ST-ZIP	JACKSONVILLE, FL 32231-4249	

TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HYATT, FRAN	
STREET ADDRESS	2718 HIDDEN VILLAGE DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32216	

TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, CLAYTON	
STREET ADDRESS	9298 DALE VIEW LANE EAST	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	

TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, FRANCES	
STREET ADDRESS	7318 WHITE BIRCH DRIVE	
CITY-ST-ZIP	JACKSONVILLE, FL 32277	

TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, GENE	
STREET ADDRESS	5639 CLIFTON LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32211	

TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, LOUELLA	
STREET ADDRESS	1855 LARGO ROAD	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	

TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TROMBLEY, CHRISTINA	
STREET ADDRESS	2779 ROCHFORD LANE	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	

TITLE	TRUSTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, FRAN	
STREET ADDRESS	1715 HODGES BLVD., #3323	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	