2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#767292

Apr 30, 2009 Secretary of State

Entity Name: PEACE PRESBYTERIAN CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 2300 SOUTHSIDE BOULEVARD JACKSONVILLE, FL 32216 **Current Mailing Address: New Mailing Address:** 2300 SOUTHSIDE BOULEVARD JACKSONVILLE, FL 32216 FEI Number: 59-1022449 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DODGE, JODI A 10544 LÁNDGSLAND CT JACKSONVILLE, FL 32257 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition ANDERSON DODGE, JODI M DODGE, JODI A Name: Name: 10544 LANGSLAND CT Address: 10544 LANGSLAND CT Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: JACKSONVILLE, FL 32257 Title: Title: () Change (X) Addition () Delete Name: Name: JACOBS, WALTER G Address: Address: 5639 CLIFTON LANE City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32211 Title: () Delete Title: () Change (X) Addition STEWART, LOUELLA Name: Name: Address: Address: 1855 LARGO RD City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32207 Title: () Delete Title: () Change (X) Addition TROMBLEY, CHRISTINA Name: Name: 2779 ROCHFORD LANE Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32225 Title: () Delete Title: () Change (X) Addition PIKE, BARBARA Name: Name: 9136 MARGOLYN CT Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32257 Title: () Delete Title: () Change (X) Addition KELLEY, BETTY Name: Name: Address: Address: 7734 ALTAMA RD JACKSONVILLE, FL 32216 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JODI ANDERSON DODGE S 04/30/2009