

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002834

1. Entity Name

MINISTRIES OF HIS PEACE, INC.

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90108 015 \*\*\*\*70.00

Principal Place of Business

Mailing Address

1982 SW PALM CITY RD. #51D  
STUART FL 34994

1982 SW PALM CITY RD. #51D  
STUART FL 34994

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0994906

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARMAN, GUY  
3801 S. OCEAN DR., SUITE 4-Z  
HOLLYWOOD FL 33019

Name

Mary Ann Di Lorenzo

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

1982 S. W. Palm City Road Apt 51D  
Stuart, Fla.

City

FL

Zip Code

34994

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

Mary Ann Di Lorenzo  
Signature, typed or printed name of registered agent and title if applicable.

Treasurer  
(NOTE: Registered Agent signature required when reinstating)

February 2, 2002  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GRACIANO, NEGRON	
STREET ADDRESS	APARTADO POSTAL 23	
CITY-ST-ZIP	LA PAZ BAJA CA SUR ME 23000	
TITLE	V	<input type="checkbox"/> Delete
NAME	COMBS, PAM	
STREET ADDRESS	2357 WYNNWOOD ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	S	<input type="checkbox"/> Delete
NAME	COMBS, LEE	
STREET ADDRESS	2357 WYNNWOOD STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	T	<input type="checkbox"/> Delete
NAME	DIORENZO, MARY ANN	
STREET ADDRESS	1982 SW PALM CITY RD, #51D	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ED	
STREET ADDRESS	9136 WINDINGS WOOD DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, LOURDES	
STREET ADDRESS	9136 WINDING WOODS DR	
CITY-ST-ZIP	LAKE WORTH FL 33467	

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
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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:

Mary Ann Di Lorenzo  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 2, 2002  
Date

561-286-4462  
Daytime Phone #

CR2E037 (9/01)