

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90039 021 ****70.00

DOCUMENT # N00000002834

1. Entity Name

MINISTRIES OF HIS PEACE, INC.



Principal Place of Business

**1982 SW PALM CITY RD, #51D
STUART FL 34994**

Mailing Address

**1982 SW PALM CITY RD, #51D
STUART FL 34994**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0994906

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

**DI LORENZO, MARY ANN
1982 SW PALM CITY RD APT 510
STUART FL 34994**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Mary Ann Di Lorenzo **Mary Ann Di Lorenzo Treasurer February 1, 2006**

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

(NOTE: Registered Agent signature required when reelecting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

TITLE ☒ Delete
NAME **GRACIANO, NEGRON**
STREET ADDRESS **1017 E. 16TH COURT**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE ☐ Delete
NAME **COMBS, PAM**
STREET ADDRESS **2357 WYNNWOOD ST**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Delete
NAME **COMBS, LEE**
STREET ADDRESS **2357 WYNNWOOD STREET**
CITY-ST-ZIP **PORT ST. LUCIE FL 34953**

TITLE ☐ Delete
NAME **DIORENZO, MARY ANN**
STREET ADDRESS **1982 SW PALM CITY RD, #51D**
CITY-ST-ZIP **STUART FL 34994**

TITLE ☐ Delete
NAME **SMITH, ED**
STREET ADDRESS **9136 WINDINGS WOOD DR**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE ☐ Delete
NAME **SMITH, LOURDES**
STREET ADDRESS **9136 WINDING WOODS DR**
CITY-ST-ZIP **LAKE WORTH FL 33467**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **P Negrón, Graciano**
STREET ADDRESS **1017 E. 16th Court**
CITY-ST-ZIP **Stuart, FL. 34994**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 Section 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: Mary Ann Di Lorenzo **Mary Ann Di Lorenzo** 2-1-06 772-286-4462