

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 8:00 am
Secretary of State
 01-23-2001 90028 038 ****70.00

DOCUMENT # N00000005675

1. Entity Name

PEACE "B" STILL MINISTRIES, INC.

Principal Place of Business

600 GARFIELD AVE
 LEHIGH ACRES FL 33936

Mailing Address

600 GARFIELD AVE
 LEHIGH ACRES FL 33936

701413



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PO Box 12866

3. Mailing Address

PO Box 12866

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Pierce, FL

City & State

Ft Pierce, FL

4. FEI Number

59-3659879

Applied For

Not Applicable

Zip

34979

Country

USA

Zip

34979

Country

USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, GEORGE T JR
600 GARFIELD AVE
LEHIGH ACRES FL 33936

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

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

(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 **D** ☐ Delete
 NAME **DUNCAN, GEORGE T JR**
 STREET ADDRESS **600 GARFIELD AVE**
 CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITLE **D** ☐ Delete
 NAME **PHILLIPS, VIRGINIA B**
 STREET ADDRESS **PO BOX 1922**
 CITY-ST-ZIP **FT PIERCE FL 34954**

TITLE **D** ☐ Delete
 NAME **JONES, ANTIONETTE**
 STREET ADDRESS **3868 GOLF VILLAGE LOOP 6**
 CITY-ST-ZIP **LAKELAND FL 33801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **PO Box 12866**
 CITY-ST-ZIP **Ft Pierce, FL 34979**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/2/01

CR2E037 (10/00)