## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 27, 2002 8:00 am § Secretary of State DOCUMENT # N0000005675 1. Entity Name PEACE "B" STILL MINISTRIES, INC. 05-27-2002 90470 021 \*\*\*\*61.25 Principal Place of Business Mailing Address P.O BOX 12866 P.O BOX 12866 FT PIERCE FL 34979 FT PIERCE FL 34979 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Beach 59-3659879 Not Applicable \$8.75 Additional 120 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent t Address (P.O. Box Number is Not Acceptable) DUNCAN, GEORGE T JR **600 GARFIELD AVE LEHIGH ACRES FL 33936** 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 Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME DUNCAN, GEORGE T JR NAME P.O. BOX12866 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT PIERCE FL 34979 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition PHILLIPS, VIRGINIA B NAME NAME STREET ADDRESS PO BOX 1922 STREET ADDRESS CITY-ST-ZIP FT\_PIERCE FL:34954 CITY-ST-ZIP TITLE Delete TITLE i L'unange Addition JONES, ANTIONETTE NAME NAME STREET ADDRESS 3868 GOLF VILLAGE LOOP 6 STREET ADDRESS CITY-ST-7IP LAKELAND FL 33801 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empreced 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