2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007815

FILED Feb 19, 2004 Secretary of State

Entity Name: PEACE TABERNACLE ASSEMBLY OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business: 2308 SOUTEL DRIVE JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** 2308 SOUTEL DRIVE JACKSONVILLE, FL 32208 FEI Number: 59-3296109 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELSON, MICHAEL 2308 SOUTEL DRIVE JACKSONVILLE, FL 32208 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 () Change () Addition MICHAEL, NELSON Name: Name: Address: 2308 SOUTEL DRIVE Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LYNDA, WILLIAMS Name: Address: 3124 HICKORYNUT STREET Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: () Change () Addition BERNARD, STEWART Name: Name: Address: 12550 LOCHLOOSA LANE Address: City-St-Zip: JACKSONVILLE, FL 32218 City-St-Zip: Title: () Delete Title: () Change () Addition Name: RANDOLPH, SMITH Name: Address: 672 WEST 17TH STREET Address: City-St-Zip: JACKSONVILLE, FL 32206 City-St-Zip: Title: Title: () Delete () Change () Addition MR. KIMBERLY, JOHNSON Name: Name: 8516 LINCREST DRIVE WEST Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL NELSON P 02/19/2004