FILED
Jul 09, 2002 8:00 am
Secretary of State
05-07-2002 90094 001 ****61.25
05-07-2002 90094 002 *****8.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008960

1. Entity Name

PEACE IN THE HOOD, INC.

Principal Place of Business	Mailing Address
3801 W CENTRAL BLVD ORLANDO FL 32805	PO BOX 1172 ORLANDO FL 32802-1172

38351 [redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2355 Monte Carlo Trail	P. O. Box 1172
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando	City & State: Florida
Zip 21802-1172 Co USA	32802-11172 Country USA

4. FEI Number: Applied ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired YES ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ADAMS, TIM 3801 W CENTRAL BLVD ORLANDO FL 32805	Name: Tim Lucas Adams. Street Address (P.O. Box Number is Not Acceptable): 2235 Monte Carlo Trail City: Orlando City: Orlando FL Zip Code: 32805

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] Year 2002 April Twenty Second.

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	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE P (D) NAME WILLIAMS, JOHN STREET ADDRESS 3801 W CENTRAL BLVD CITY-ST-ZIP ORLANDO FL 32805 — Dir ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP WILLIAMS, John 2235 Monte Carlo Tr. ORL. Fl. 32805 — ☐ Change ☐ Addition — DIR
TITLE NAME Dr. T. Lucas Adams, Th. D. STREET ADDRESS 2235 Monte Carlo Tr. CITY-ST-ZIP ORL. Fl 32805 — ☐ Delete — Dir	TITLE Pres NAME ADAMS, T. LUCAS, Th.D. STREET ADDRESS 2235 Monte Carlo Tr. CITY-ST-ZIP ORL. Fl. 32805 — ☒ Change — DIR
TITLE NAME MARTIN, TRAVIS STREET ADDRESS CITY-ST-ZIP — ☐ Delete — Dir	TITLE (D) NAME MARTIN, Travis STREET ADDRESS 2235 Monte Carlo Tr. CITY-ST-ZIP ORL. Fl. 32802 — ☐ Change ☐ Addition — DIR
TITLE NAME STREET ADDRESS CITY-ST-ZIP All of the Above Names — ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP are Directors — ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP — ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP — ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP — ☐ Change ☐ Addition

CR2E037 (9/01)

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: [signature] Dr. T. Lucas Adams Th.D. April 25, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

38351

#N10000089600

Notice;

[redacted] the $ 70.00 payment has cleared.