2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # N02000004254 1. Entity Name 04-22-2004 90020 012 ****75.00 CHURCH OF PEACE & LIGHT INC. Principal Place of Business Mailing Address 2621 N.E. 52ND CT. LIGHTHOSE POINT FL 33064 2621 N.E. 52ND CT. LIGHTHOSE POINT FL 33064 54038989 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 05-0563238 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATERAZZI, LINDA Street Address (P.O. Box Number is Not Acceptable) 2621 N.E. 52ND CT. LIGHTHOSE POINT FL 33064 City 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 agenagent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change ☐ Addition MATERAZZI, LINDA REV. NAME NAME 2621 N.E. 52ND CT. STREET ADDRESS STREET ADDRESS LIGHTHOSE POINT FL 33064 CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete ☐ Change Addition TITLE TITLE DEMEO, LAURETTA NAME NAME 8451 N.W. 10TH ST. STREET ADDRESS STREET ADDRESS PEMBROKE PINES FL 33024 CITY-ST-7IP CITY-ST-ZIP Change Change ☐ Delete -Addition TITLE TOBAL, JANE NAME NAME 7725 Kenway Place EAST 7725 KENOCY PLACE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP Boca Rolas, Florion Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. If 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.

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