


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # N02000004254	
1. Entity Name CHURCH OF PEACE & LIGHT INC.	

Principal Place of Business 2621 N.E. 52ND CT. LIGHTHOSE POINT, FL 33064	Mailing Address 2621 N.E. 52ND CT. LIGHTHOSE POINT, FL 33064
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04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 05-0563238	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MATERAZZI, LINDA 2621 N.E. 52ND CT. LIGHTHOSE POINT, FL 33064

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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 agent.	
SIGNATURE <i>Linda Materazzi</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>4/09/08</u>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATERAZZI, LINDA REV. 2621 N.E. 52ND CT. LIGHTHOSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMEO, LAURETTA 8451 N.W. 10TH ST. PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOBAL, JANE 7725 KENWAY PLACE EAST BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/01/08-80035-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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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SIGNATURE: <i>Linda Materazzi</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>4/09/08</u> DAYTIME PHONE # <u>954) 596-1052</u>
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