

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

03-28-2003 90067 030 ****61.25

DOCUMENT # N02000004254

1. Entity Name

CHURCH OF PEACE & LIGHT INC.



Principal Place of Business

2621 N.E. 52ND CT.
LIGHTHOUSE POINT FL 33064

Mailing Address

2621 N.E. 52ND CT.
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0568238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATERAZZI, LINDA
2621 N.E. 52ND CT.
LIGHTHOUSE POINT FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 agent.

SIGNATURE

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D MATERAZZI, LINDA**
STREET ADDRESS **2621 N.E. 52ND CT.**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☒ Change ☐ Addition
NAME **REV.**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D DEMEO, LOURETTA**
STREET ADDRESS **8451 N.W. 10TH ST.**
CITY-ST-ZIP **PEMBROKE PINES FL 33024**

TITLE ☒ Change ☐ Addition
NAME **LOURETTA**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D TOBAL, JANE**
STREET ADDRESS **20913 ST. ANDREWS BLVD**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7725 Kenway Place**
CITY-ST-ZIP **Boca Raton, Florida 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: **ROBERTA METERAZZI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)