

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90019 030 ****61.25

DOCUMENT # N04000000929 1. Entity Name PRINCE OF PEACE ANGLICAN CHURCH, INC.					
Principal Place of Business 1360 SARNO ROAD STE B MELBOURNE, FL 32935			Mailing Address 1360 SARNO ROAD STE B MELBOURNE, FL 32935		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 6895 Murrell Rd		Suite, Apt. #, etc. 6895 Murrell Rd			
City & State Melbourne, FL		City & State Melbourne, FL			
Zip 32940	Country USA	Zip 32940	Country USA	4. FEI Number 86-1094702	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MILLER, JOHN E III 1360 SARNO RD STEB MELBOURNE, FL 32935			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6895 Murrell Rd City Melbourne FL Zip Code 32940		
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 <u><i>John E. Miller III</i></u> 2/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLER, JOHN E III 1360 SARNO RD STE B MELBOURNE, FL 32935	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Miller, John E III 6895 Murrell Rd. Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUTTER, RICH 1360 SARNO ROAD STE B MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD James L. Patton 6895 Murrell Rd. Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, SHERRY 1360 SARNO ROAD STE B MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carolyn Pequet 6895 Murrell Rd. Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SISSERSON, JAMES 1360 SARNO ROAD STE B MELBOURNE, FL 32935	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD William E. Buenzli 6895 Murrell Rd. Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALONE, EDMUND 1360 SARNO RD STE B DEFUNIAK SPRINGS, FL 32435	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	David David A. Sanders 6895 Murrell Rd. Melbourne, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 lines empowered.					
SIGNATURE: <u><i>John E. Miller III</i></u> <u><i>John E. Miller III</i></u> 2/20/08 321.257.9102 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					