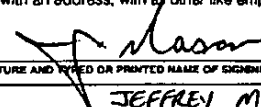


FILED
May 27, 2005 8:00 am
Secretary of State

04-20-2005 90359 038 ****61.25

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N04000002942					
1. Entity Name PRINCE OF PEACE MORAVIAN CHURCH COMMUNITY DEVELOPMENT CORPORATION					
Principal Place of Business 1880 NW 183 ST MIAMI, FL 33056			Mailing Address 1880 NW 183 ST MIAMI, FL 33056		
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 20-1001814	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASON, JEFFREY G 1880 NW 183 ST MIAMI, FL 33056				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	D	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	PATTERSON, LASCELLES		NAME	JUSTIN PEART	
STREET ADDRESS	1880 NW 183 ST		STREET ADDRESS	311 NW 87 DRIVE, APT 209	
CITY- ST- ZIP	MIAMI, FL 33056		CITY- ST- ZIP	PLANTATION, FL 33324	
TITLE	D	☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	MASON, JEFFREY		NAME	DR. CAROLINE WRIGHT	
STREET ADDRESS	1880 NW 183 ST		STREET ADDRESS	605 NW 214 STREET, APT 103	
CITY- ST- ZIP	MIAMI, FL 33056		CITY- ST- ZIP	MIAMI, FL 33169	
TITLE		☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			NAME	REV. TED WILDE	
STREET ADDRESS			STREET ADDRESS	75 NW 209 STREET	
CITY- ST- ZIP			CITY- ST- ZIP	MIAMI, FL 33169	
TITLE		☐ Delete	TITLE	DIRECTOR	☐ Change ☐ Addition
NAME			NAME	NORMA SMITH	
STREET ADDRESS			STREET ADDRESS	3300 NW 200 STREET	
CITY- ST- ZIP			CITY- ST- ZIP	MIAMI, FL 33055	
TITLE		☐ Delete	TITLE	DIRECTOR	☐ Change ☐ Addition
NAME			NAME	ROLAND POWELL	
STREET ADDRESS			STREET ADDRESS	14735 NW 25 COURT	
CITY- ST- ZIP			CITY- ST- ZIP	OPA- LOCKA, FL 33054	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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: 			04/15/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
JEFFREY MASON - DIRECTOR					