


FILED
Jun 15, 2007 8:00 am
Secretary of State

05-16-2007 90024 033 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N04000002942 1. Entity Name PRINCE OF PEACE MORAVIAN CHURCH COMMUNITY DEVELOPMENT CORPORATION	
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Principal Place of Business 1880 NW 183 ST MIAMI, FL 33056	Mailing Address 1880 NW 183 ST MIAMI, FL 33056
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66019200



01212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1001814	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MASON, JEFFREY G
1880 NW 183 ST
MIAMI, FL 33056**

**DO NOT WRITE
IN THIS SPACE**

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 transferring) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATTERSON, LASCELLES 1880 NW 183 ST MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASON, JEFFREY 1880 NW 183 ST MIAMI, FL 33056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEART, JUSTIN 311 NW 87 DRIVE, APT 209 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WRIGHT, CAROLINE DR 605 NW 214 STREET, APT 103 MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILDE, TED REV 75 NW 209 STREET MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, NORMA 3300 NW 200 STREET MIAMI, FL 33055

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **06/10/07** Daytime Phone # _____