

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000012966**

1. Entity Name  
**THE EVANGELICAL CHURCH OF THE PRINCE OF  
PEACE, INC.**



Principal Place of Business  
**1500 KANNER HIGHWAY  
STUART, FL 34994**

Mailing Address  
**P.O. BOX 1643  
STUART, FL 34995**



01052008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-8295779**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**LACAN, ALVARO T  
2133 SW LARCHMONT LANE  
PORT ST. LUCIE, FL 34984**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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  
**DP  
LACAN, ALVARO T  
2133 SW LARCHMONT LANE  
PORT ST. LUCIE, FL 34984**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DV  
US, DIEGO S  
3263 SE QUAY STREET  
PORT ST. LUCIE, FL 34984**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DS  
LACAN, JUAN J  
P.O. BOX 2864  
STUART, FL 34995**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000801550  
02/01/08-80022-021 61.25

**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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/08 7727486-6965