

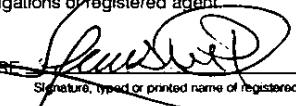


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N06000012966						<p style="font-size: 1.2em; margin: 0;">FILED</p> <p style="margin: 0;">08 MAR -6 PM 12:48</p> <p style="margin: 0;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>					
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			
2. Principal Place of Business - No P.O. Box #			3. Mailing Address					02262008 Chg-NP CR2E037 (12/06)			
Suite, Apt. #, etc.			Suite, Apt. #, etc.								
City & State			City & State								
4. FEI Number 20-8295779		Applied For Not Applicab		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
LACAN, ALVARO T 2133 SW LARCHMONT LANE PORT ST. LUCIE, FL 34984				Name <u>JOSE ADOLFO RODRIGUEZ PASTOR</u> Street Address (P.O. Box Number is Not Acceptable) <u>2882 CLAYTON ST</u> City <u>STUART</u> FL Zip Code <u>34997</u>							
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 reinstating)				DATE <u>02-27-08</u>			
Amended AR is \$61.25				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	DP LACAN, ALVARO T 2133 SW LARCHMONT LANE PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit <u>600120868276</u> <u>03/21/08--01004--001 **70.00</u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV US, DIEGO S 3263 SE QUAY STREET PORT ST. LUCIE, FL 34984	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit <u>CO PASTOR</u> <u>US, Diego S</u> <u>3263 SE QUAY STREET</u> <u>PORT SAINT LUCIE, FL 34984</u>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LACAN, JUAN J P.O. BOX 2864 STUART, FL 34995	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Diego VICTOR TAHAY 1658 SE 10ST STUART FL 34996	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADMINISTRATOR SANTOS AJUCUM 1692 SE DURANGO ST Port Saint Lucie, FL 34952	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PASTOR JOSE ADOLFO RODRIGUEZ 2882 CLAYTON Street STUART FL 34997	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit					

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: 