2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005838

FILED Jun 04, 2009 Secretary of State

Entity Name: COMMUNITY PEACE DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business: New Principal Place of Business:

580 W. JACKSON STREET ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

580 W. JACKSON STREET ORLANDO, FL 32805

FEI Number: 26-1794710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HARRIS, RICK
2018 CLOVER VIEW WAY
WINTER GARDEN, FL 34787 US
WILSON, BELINDA M
659 ERROL PARKWAY
APOPKA, FL 32712 US

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.

SIGNATURE: BELINDA M. WILSON 06/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 WHITE, ALVIN JR
 Name:

 Address:
 3401 LILAS COURT
 Address:

 City-St-Zip:
 WINDERMERE, FL 34786
 City-St-Zip:

Title: S () Delete Title: S (X) Change () Addition

Name: MCMURREN, BRUCE Name: EVANS, BETTY

Address: 7254 PLEASANT DRIVE Address: 1210 WEST ROBINSON STREET

City-St-Zip: ORLANDO, FL 32818 City-St-Zip: ORLANDO, FL 32805

 Name:
 ALLEN, DEBRA
 Name:
 HOLLIS, NICOLE P

 Address:
 3311 LEWIS COURT
 Address:
 9000 LAKE FISCHER BLVD

 City-St-Zip:
 ORLANDO, FL 32805
 City-St-Zip:
 GOTHA, FL 34734

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BELINDA M. WILSON RA 06/04/2009