

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

For Office Use Only

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DOCUMENT # 99000004602

1. Entity Name

Peace Is Possible Network Inc.



FILED

2012 MAY 17 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300235248433
05/17/12--01025--028 **70.00

CR2E037B (5/07)

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2. Principal Place of Business - No P.O. Box #

5453 Oakmont Village Circle

Suite, Apt. #, etc.

3. Mailing Address

PO Box 55734

Suite, Apt. #, etc.

City & State

Lake Worth Florida

City & State

St Petersburg Florida

4. FEI Number

61-1596722

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

33732

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jack Winebrenner

Street Address (P.O. Box Number is Not Acceptable)

1384 - 54th Ave NE

City

St Petersburg

FL

Zip Code
33703

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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 Jack Winebrenner

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/14/12

FEE IS \$61.25
Initial or Amended AR

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

TITLE	P
NAME	Jeff Stroop
STREET ADDRESS	628 N Walnut Street Suite C
CITY-ST-ZIP	Murfreesboro TN 37130
TITLE	D
NAME	Kevin W Hudson
STREET ADDRESS	3720 Boiling Springs Rd Suite F8
CITY-ST-ZIP	Boiling Springs SC 29316
TITLE	D
NAME	Gary Bastie
STREET ADDRESS	523 - 59 Street S
CITY-ST-ZIP	St Petersburg FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all office like empowered.

SIGNATURE:

Gary Bastie

05/14/12

727/418-0319