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

Mar 29, 2007 8:00 am **Secretary of State DOCUMENT # N92000000276** 03-29-2007 90029 038 ****61.25 PEACE COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 400241 P 0 BOX 7096 114 109TH AVE N TAMPA, FL 33612-6607 US WESLEY CHAPEL, FL 33544 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-NP CR2E037 (12/06) City & State Applied For City & State FEI Number 65-0372079 Not Applicable Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHEELER, DEBBIE 6141 GENTLE BEN CIRCLE Street Address (P.O. Box Number is Not Acceptable) WESLEY CHAPEL, FL 33544 Zip Code City 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 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SD TITI E TITI F ☐ Delete ☐ Addition ARRINGTON, JEANENE NAME NAME 3907 W KIMBALL AVE STREET ADDRESS STREET ADDRESS **TAMPA, FL 33614** CITY-ST-ZIP CITY-ST-ZIP TITLE V P Detete TITLE Change Addition Joseph Merkt 4415 Hellenic Dr. D-8 ROMANO, JEANINE NAME NAME STREET ADDRESS 2908 W IDLEWILD AVE STREET ADDRESS ampa FL 33613 CITY-ST-ZIP **TAMPA, FL 33614** CITY-ST-ZIP 0 Delete TITI E Addition TITLE ☐ Change DIXON, GLORIA NAME NAME 8421 N. 17TH STREET by Blvd you STREET ADDRESS STREET ADDRESS TAMPA, FL 33604 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE D'D TITLE ☐ Addition SNYDEMAN, MARY LOU NAME NAMI 416 HAYES ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33549 CITY-ST-7IP m TITLE TITLE ☐ Delete ☐ Change ☐ Addition WHEELER, DAVID NAME STREET ADDRESS 6141 GENTLE BENICIR STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33544 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition LEPARD, KATHERYN NAME NAME 818 W PLYMOUTH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33603** CITY-ST-ZIP

FILED

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 repeiver 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 attaching it with an address, with all other like empowered.

lavid K. Wheeler 3/20/2007 Treasurer Would SIGNATURE