## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N96000003422

Title:

Name:

Address:

City-St-Zip:

FILED Feb 10, 2005 Secretary of State

Entity Nar	me: QUEEN C	OF PEACE	E RADIO, INC.			
Current Principal Place of Business:				New Principal Place of Business:		
	ANTIC BLVD. BEACH, FL 3	2233 l	JS			
Current Mailing Address:				New Mailing Address:		
P.O. BOX: JACKSON	51585 VILLE, FL 322	401585 l	JS			
FEI Number:	: 59-3397612	FEI Num	ber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address	Name and Address of New Registered Agent:	
886 SOUT	KI, RAYMOND H THIRD STRI VILLE BEACH,	EET	50 US			
	named entity s e of Florida.	submits th	is statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signatu	ure of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () CAGLE, PETER P.O. BOX 51589 JAX BEACH, FL	5 N/A		Title: Name: Address: City-St-Zip:	( ) Change() Addition	
Title: Name: Address: City-St-Zip:	D () MILLER, RICHA 29 FAIRWAY LA JAX BEACH, FL	ANE		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	e: MAKOWSKI, ess: 886 SOUTH 3RD ST.			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PD () WILLIAMS, CHF 405 SNAPPING ATLANTIC BCH.	TURTLE C	Т.	Title: Name: Address: Citv-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER WILLIAMS PD 02/10/2005

() Delete

( ) Change (X) Addition

JAMES, JARBOE R

262 BOWLES STREET

NEPTUNE, FL 32266