1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9600003672

"PRINCE OF PEACE" CHRISTIAN CHURCH INC.

Principal Place of Business

7504 E. CAUSEWAY BLVD. **TAMPA FL 33619**

Mailing Address

1911 DERBYWOOD DR BRANDON FL 33510

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90095 016 ****61.25



	Place of Business 2a. Mailing Address CE. Causeway Blild. 26 1911 Weibywood Dy.				07/12/1996			
21 7506 E. Causeway 8/1/8. 26 /91/ Weidy wild. Suite, Apt. #, etc. Suite, Apt. #, etc.			1	1	4. FEI Number	Ann	lied For	
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City & State	pa, Tiorras	City & State		·		\$8:75 A		
23	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				5. Certificate of Status Desired Fee Required			
Zip Country Zip Cou			Country	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
24 7 4 25 29 7 30 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registere			
. Ranie and Address of Contone register or Again.				Name				
REYES, ALFREDO				82 Street Address (P.O. Box Number is Not Acceptable)				
1911 DERBYWOOD DR				83				
BRANDON FL 33510								
			84	City	, F			
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered				t signature require				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	DP S DELETE 1.1		1.1 TITLE	DF	NIV 1	Change	☐ Addition	
NAME	REYES, ALFREDO	1.2 N		\mathcal{R}	yes, Allread			
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CITY-ST-ZIP			1.4 CITY-ST	-ZiP	1915, Altredo 111 Derbymood 191. 111 Broken 71.375.	70		
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NAME	PISCIOTTA, LYDIA R		2.2 NAME	0	morelis Typuro			
STREET ADDRESS			2.3 STREET	ADDRESS 9	411 Pine Ridge	ه د میران سهم		
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP	inerview Fl.			
TITLE			3.1 TITLE			Change	Addition	
NAME			3.2 NAME		•	•		
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREET	ADDRESS	•			
CITY-ST-ZIP	BRANDON FL 33510		3.4. CITY-S	T-ZIP				
TITLE			4.1 TITLE)//	Change	☐ Addition	
NAME.			4. 2 NAME	P	cael agosy		1	
STREET ADDRESS			4.3 STREET	ADDRESS 3	fael agosto 109-5-745t 7 cmpa, 71.3360s			
CITY-ST-ZIP			4.4 CITY-51	-ZiP	+ ample 71. 33405			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADORESS	•			
CITY-ST-ZIP			5.4 CITY- \$1	-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST	-ZIP		•	Ì	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: