

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003672

1. Entity Name

"PRINCE OF PEACE" CHRISTIAN CHURCH INC.

Principal Place of Business

7506 E CAUSEWAY BLVD
TAMPA FL 33619

Mailing Address

1911 DERBYWOOD DR
BRANDON FL 33510
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3397913

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional -
Fee Required

6. Name and Address of Current Registered Agent

REYES, ALFREDO
1911 DERBYWOOD DR
BRANDON FL 33510

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME TD
STREET ADDRESS PIZARRO, AMORILIS
CITY-ST-ZIP 1720 WARRINGTON WAY
TAMPA FL 33619

TITLE ☐ Delete
NAME TD
STREET ADDRESS MERCADO, CARMEN
CITY-ST-ZIP 9302 MLK SABAL PARK APT 224
TAMPA FL 33610

TITLE ☐ Delete
NAME SD
STREET ADDRESS DOMINGUEZ, MILAGROS
CITY-ST-ZIP 1911 DERBYWOOD DR
BRANDON FL 33510

TITLE ☐ Delete
NAME DP
STREET ADDRESS REYES, ALFREDO
CITY-ST-ZIP 1911 DERBYWOOD DR
BRANDON FL 33510

TITLE ☐ Delete
NAME TD
STREET ADDRESS MELENDEZ, HECTOR
CITY-ST-ZIP 734 PALM BAY DRIVE
TAMPA FL 33619

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

alfredo reyes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90193 007 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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