


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000003672</b>	
1. Entity Name "PRINCE OF PEACE" CHRISTIAN CHURCH INC.	

Principal Place of Business 7506 E CAUSEWAY BLVD TAMPA, FL 33619	Mailing Address P.O. BOX 89486 TAMPA, FL 33689-0408 US
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01312007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3397913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  REYES, ALFREDO 11216 LAKER LANIER DRIVE RIVERVIEW, FL 33569
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U00000644427  
03/02/07 08041-022 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, ALFREDO 11216 LAKE LANIER DRIVE RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDSD DOMINGUEZ, MILAGROS 11216 LAKE LANIER DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELENDEZ, HECTOR 10410 ZACHARY CIR APT 36 RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REYES, FREDDY W-8 ONIX VALLE DE CERRO GORDO BAYAMON, PR 00957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD REYES, NELSON 12801 ODENS BEQUEST DR BOWIE, MD 20720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

**SIGNATURE:**  **ALFREDO REYES** \* 2-14-07 813-246-5068  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #