2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90048 011 ****61.25

DOCUMENT # N96000003672

1. Entity Name
"PRINCE OF PEACE" CHRISTIAN CHURCH INC.

Principal Place of Business	Mailing Address
7506 E CAUSEWAY BLVD TAMPA, FL 33619	P.O. BOX 89486 TAMPA, FL 33689-0408 US

01222008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	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	7. Name and Address of New Registered Agent
REYES, ALFREDO 11216 LAKER LANIER DRIVE RIVERVIEW, FL 33569	Name: Reyes, Alfredo Street Address (P.O. Box Number is Not Acceptable): 1404 Glenmere Dr. City: Brandon FL Zip Code: 33511

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] 2-18-08
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, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REYES, ALFREDO 11216 LAKE LANIER DRIVE RIVERVIEW, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Reyes, Alfredo 1404 Glenmere Dr. Brandon, FL 33511	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VDSD DOMINGUEZ, MILAGROS 11216 LAKE LANIER DR RIVERVIEW, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Dominguez, Milagros 1404 Glenmere Dr. Brandon, FL 33511	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MELENDEZ, HECTOR 10410 ZACHARY CIR APT 36 RIVERVIEW, FL 33569	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Melendez, Hector 3103 Clifford Sample Dr. Tampa, FL 33619	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD REYES, FREDDY W-8 ONIX VALLE DE CERRO GORDO BAYAMON, PR 00957	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MD REYES, NELSON 12801 ODENS BEQUEST DR BOWIE, MD 20720	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Vazquez, Sandra A. 4701 Muskogee Ct. #204 Tampa, FL 33610	☐ Change ☒ Addition

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: [signature] 2-18-08 813-246-5068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #