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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90077 037 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007062

1. Corporation Name

GOSPEL OF PEACE, INC.

Principal Place of Business

2018 E. HUMPHREY STREET
 TAMPA FL 33604-2030

Mailing Address

2018 E. HUMPHREY STREET
 TAMPA FL 33604-2030

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2. Principal Place of Business 21 <u>4001 E. REGNAS ST.</u> Suite, Apt. #, etc. 22 City & State 23 <u>Tampa, FL</u> Zip Country 24 <u>33617</u> 25 <u>Hillsborough</u>		2a. Mailing Address 26 <u>4001 E. REGNAS ST</u> Suite, Apt. #, etc. 27 City & State 28 <u>Tampa FL</u> Zip Country 29 <u>33617</u> 30 <u>Hillsborough</u>		3. Date Incorporated or Qualified <u>01/01/1998</u> 4. FEI Number <u>59-3483790</u> Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JOHNSON, JAMES A 2018 E. HUMPHREY STREET TAMPA FL 33604-2030				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <u>FL</u>	

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 James A. Johnson (NOTE: Registered Agent signature required when reinstating) DATE 4-25-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAMES A	1.2 NAME	
STREET ADDRESS	2018 E. HUMPHREY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604-2030	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHNSON, ANNIE L	2.2 NAME	<u>Quidene Edward Knighton</u>
STREET ADDRESS	2018 E. HUMPHREY STREET	2.3 STREET ADDRESS	<u>10919 N. 21 Street</u>
CITY-ST-ZIP	TAMPA FL 33604-2030	2.4 CITY-ST-ZIP	<u>Tampa, Florida 33612</u>
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDDISH, DAPHNE F	3.2 NAME	<u>Quidene Edward Knighton</u>
STREET ADDRESS	7008 TIDEWATER TRAIL	3.3 STREET ADDRESS	<u>10919 N. 21 Street</u>
CITY-ST-ZIP	TAMPA FL 33619	3.4 CITY-ST-ZIP	<u>Tampa, Florida 33612</u>
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDDISH, JACQUELINE P	4.2 NAME	<u>Juanita Robinson</u>
STREET ADDRESS	7008 TIDEWATER TRAIL	4.3 STREET ADDRESS	<u>1250 Skipper Rd</u>
CITY-ST-ZIP	TAMPA FL 33619	4.4 CITY-ST-ZIP	<u>Tampa, Florida 33612</u>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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: Annie L Johnson **NOT REQUIRED** DATE 4-25-99 (813) 935-4409
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 813 935-5957 Church

CR2E037 (11/98)