

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007062

1. Entity Name

GOSPEL OF PEACE, INC.

Principal Place of Business

4001 E. REGNAS ST.
TAMPA FL 33617

Mailing Address

4001 E. REGNAS ST
TAMPA FL 33617-6829

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

59-3483790

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, JAMES A
2018 E. HUMPHREY STREET
TAMPA FL 33604-2030

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 James A. Johnson - Minister

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution: ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JOHNSON, JAMES A
STREET ADDRESS 2018 E. HUMPHREY STREET
CITY-ST-ZIP TAMPA FL 33604-2030TITLE D ☐ Delete
NAME JOHNSON, ANNIE L
STREET ADDRESS 2018 E. HUMPHREY STREET
CITY-ST-ZIP TAMPA FL 33604-2030TITLE TD ☐ Delete
NAME KNIGHTON, QUIDENE EDWARD
STREET ADDRESS 10919 N 21ST ST
CITY-ST-ZIP TAMPA FL 33612TITLE TD ☐ Delete
NAME ROBINSON, JUANITA
STREET ADDRESS 1250 SKIPPER RD
CITY-ST-ZIP TAMPA FL 33612TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

James A. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-00

Daytime Phone #

(813) 935-4409 or

(813) 985-5950

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90248 001 ****61.25

05-11-2000 90248 002 ****8.75

14285



DO NOT WRITE IN THIS SPACE