

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007062

1. Entity Name

GOSPEL OF PEACE, INC.

Principal Place of Business

Mailing Address

4001 E. REGNAS ST.  
TAMPA FL 33617

4001 E. REGNAS ST  
TAMPA FL 33617

2. Principal Place of Business

2159 W Busch Blvd.

3. Mailing Address

2159 W. Busch Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2159

2159

City & State

City & State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33612-7565 Hillsborough

33612-7565 Hillsborough



DO NOT WRITE IN THIS SPACE

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

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

4-7-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES A	
STREET ADDRESS	2018 E. HUMPHREY STREET	
CITY-ST-ZIP	TAMPA FL 33604-2030	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, ANNIE L	
STREET ADDRESS	2018 E. HUMPHREY STREET	
CITY-ST-ZIP	TAMPA FL 33604-2030	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KNIGHTON, GUIDENE EDWARD	
STREET ADDRESS	10919 N 21ST ST	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINSON, JUANITA	
STREET ADDRESS	1250 SKIPPER RD	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Annie L. Robinson Officer

4/7/02

Daytime Phone #

CR2E037 19/01