

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90840 001 *****8.75
04-07-2003 90840 002 *****61.25

DOCUMENT # N97000007062

1. Entity Name
GOSPEL OF PEACE, INC.



Principal Place of Business
**2159 W. BUSCH BLVD.
#2159
TAMPA FL 33612**

Mailing Address
**2159 W. BUSCH BLVD.
#2159
TAMPA FL 33612**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3483790		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Not Applicable	
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Zip	Country <i>Hillsborough</i>	Zip	Country <i>Hillsborough</i>	Name		City	

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James A. Johnson - minister* DATE *4-4-2003*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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: *ASIGNATURE REQUIRED* DATE *4/1/03* DAYTIME PHONE # *(813) 935-4409*

CR2E037 (10/02)