2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000006813

1. EntityName
LOVE, JOY, PEACE, INC.

Principal PlaceofBusiness	MailingAddress
4751NW155THS T TRENTON,FL32693	4751NW155THS T TRENTON,FL32693

03202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3547277
☐ Applied For
☐ Not Applicable

5. CertificateofStatus Desired ☐ **$8.75** Additional FeeRequired

6. Name and Address of Current Registered Agent

LANGSTON, ROBERT A
4751 NW 155TH ST
TRENTON, FL 32693

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	ST
NAME	LANGSTON, JOY
STREET ADDRESS	831 E. PARK AVE
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	D
NAME	ARRINGTON, RANDY
STREET ADDRESS	HWY 347
CITY-ST-ZIP	CHIEFLAND, FL 32644
TITLE	D
NAME	HUDSON, TRAVIS
STREET ADDRESS	1402 NW 18TH AVE
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	D
NAME	CASON, SAMMY
STREET ADDRESS	203 NE 3RD ST
CITY-ST-ZIP	CHIEFLAND, FL 32626
TITLE	D
NAME	LAWRENCE, RICK
STREET ADDRESS	322 NE 4TH AVE
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	D
NAME	CLUBB, TONY
STREET ADDRESS	632 NE 2ND ST
CITY-ST-ZIP	WILLISTON, FL 32696

U00000098618
03/29/04-80048-001 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. If not, I 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, director or 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: _____ 3/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #