
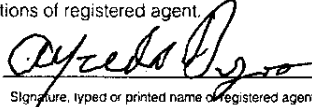
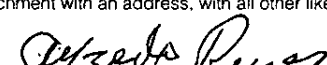


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90314 026 \*\*\*\*61.25

<b>DOCUMENT # N98000007359</b> 1. Entity Name <b>"PRINCE OF PEACE" GENERAL COUNCIL, INC.</b>					
Principal Place of Business <b>7506 EAST CAUSEWAY BLVD. TAMPA FL 33619</b>			Mailing Address <b>1911 DARBYWOOD DR BRANDON FL 33510</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>11216 LAKER LANIER DR.</b> Suite, Apt. #, etc.			
City & State		City & State <b>RIVERVIEW, FLORIDA</b>		4. FEI Number <b>59-3602926</b>	
Zip <b>33569</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REYES, ALFREDO 1911 DERBYWOOD DR. BRANDON FL 33510</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>11216 LAKER LANIER DR.</b> City <b>RIVERVIEW</b> <b>FL</b> Zip Code <b>33569</b>	
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  <b>ALFREDO REYES</b> <span style="float: right;">04/23/2004</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>REYES, ALFREDO</b> <b>1911 DERBYWOOD DR</b> <b>BRANDON FL 33510</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>REYES, ALFREDO</b> <b>11216 LAKER LANIER DR.</b> <b>RIVERVIEW, FL 33569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PIZARRO, AMARILYS</b> <b>9411 PINE RIDGE</b> <b>RIVERVIEW FL 33569</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <b>DOMINGUEZ, MILAGROS</b> <b>11216 LAKER LANIER DR.</b> <b>RIVERVIEW, FL 33569</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>DOMINGUEZ, MILAGROS</b> <b>1911 DERBYWOOD DR</b> <b>BRANDON FL 33510</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <b>VAZQUEZ, SANDRA A.</b> <b>7-106 VALENTINE CT.</b> <b>TAMPA, FL 33607</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MELENDEZ, HECTOR</b> <b>734 PALM BAY DR</b> <b>TAMPA FL 33619</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D <b>REYES, FREDDY</b> <b>BI-7 JALISCO ST. SANTAJUANITA</b> <b>BAYAMON, PR 00957</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/D <b>REYES, NELSON</b> <b>9316 LIMESTONE PL.</b> <b>COLLEGE PARK, MD 20740</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <b>COLON, JESUS</b> <b>10255 HUNTERS HAVEN BLVD.</b> <b>RIVERVIEW, FL 33569</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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:  <b>ALFREDO REYES</b>			04/23/2004 813-361-2902		