


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90016 030 ****61.25

DOCUMENT # N98000007359 1. Entity Name "PRINCE OF PEACE" GENERAL COUNCIL, INC.					
Principal Place of Business 7506 EAST CAUSEWAY BLVD. TAMPA, FL 33619			Mailing Address P.O. BOX 89486 TAMPA, FL 33689-0408		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3602926	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent REYES, ALFREDO 11216 LAKE LANIER DR RIVERVIEW, FL 33569				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE <i>Alfredo Reyes</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <i>2-5-06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee Is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, ALFREDO 11216 LAKE LANIER DR RIVERVIEW, FL 33569	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOMINGUEZ, MILAGROS 11216 LAKE LANIER DR RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DIAZ, ADALBERTO 9502 WINDERMERE PARK CR, #303 RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REYES, FREDDY W-8 ONIX ST VALLES DE CERRO GORDO BAYAMON, PR 00957	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD REYES, NELSON 9316 LIMESTONE PL COLLEGE PARK, MD 20740	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR VAZQUEZ, SANDRA A 2814 VALENTINE CT 7-106 TAMPA, FL 33607	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD/SD DOMINGUEZ, MILAGROS 11216 LAKE LANIER DR. RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELENDEZ, HECTOR 10410 ZACKARY CIRCLE APT. 36 RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD REYES, NELSON 12801 ODENS BEQUEST DR. BOWIE, MD 20720	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Alfredo Reyes</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <i>2-5-06</i>					
Daytime Phone #					