

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

**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



01312007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3602926

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REYES, ALFREDO  
11216 LAKE LANIER DR  
RIVERVIEW, FL 33569

**DO NOT WRITE  
IN THIS SPACE**

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 *X*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000644426  
03/02/07-80041-021 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, ALFREDO 11216 LAKE LANIER DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDSD DOMINGUEZ, MILAGROS 11216 LAKE LANIER DR RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELENDEZ, HECTOR 10410 ZACKARY CIRCLE, APT. 36 RIVERVIEW, FL 33569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REYES, FREDDY W-8 ONIX ST VALLES DE CERRO GORDO BAYAMON, PR 00957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD REYES, NELSON 12801 ODENS BEQUEST DR. BOWIE, MD 20720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:** *Alfredo Reyes* **ALFREDO REYES** \* 2-14-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #