

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90048 012 ****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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3602926	
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			7. Name and Address of New Registered Agent Name <u>Reyes, Alfredo</u> Street Address (P.O. Box Number is Not Acceptable) <u>1404 Glenmere Dr.</u> City <u>Brandon</u> <u>FL</u> Zip Code <u>33511</u>		
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 <u>[Signature]</u> DATE <u>2-18-08</u> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, ALFREDO 11216 LAKE LANIER DR RIVERVIEW, FL 33569	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Reyes, Alfredo 1404 Glenmere Dr. Brandon, FL 33511	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDSD DOMINGUEZ, MILAGROS 11216 LAKE LANIER DR RIVERVIEW, FL 33569	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dominguez, Milagros 1404 Glenmere Dr. Brandon, FL 33511	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELENDEZ, HECTOR 10410 ZACKARY CIRCLE, APT. 36 RIVERVIEW, FL 33569	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Melendez, Hector 3103 Clifford Sample Dr. Tampa, FL 33619	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REYES, FREDDY W-8 ONIX ST VALLES DE CERRO GORDO BAYAMON, PR 00957	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD REYES, NELSON 12801 ODENS BEQUEST DR. BOWIE, MD 20720	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Vazquez, Sandra A. 4701 Muskogee Ct. #204 Tampa, FL 33610	☐ Change ☒ Addition
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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: <u>[Signature]</u>				Date <u>2-18-08</u> Daytime Phone # <u>813-246-5068</u>	