

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90108 046 ***70.00

DOCUMENT # N 99000000 957

1. Corporation Name

UNITED CHURCH OF PEACE, INC.

Principal Place of Business

Mailing Address

1260 D SOUTH McDUFF AVENUE
JACKSONVILLE FL 32205

B0064105

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

FEB 12 1999

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

94-1599959

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALEX PAULSEN
1243 WOLFE ST.
JACKSONVILLE FL 32205

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Alex Paulsen ALEX PAULSEN, PRESIDENT

3-14-2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE
NAME ALEX PAULSEN
STREET ADDRESS 1243 WOLFE ST.
CITY-ST-ZIP JACKSONVILLE FL 32205

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ DELETE
NAME DIANE CARROLL
STREET ADDRESS 1314 COVE LANDING DRIVE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SECRETARY/TREASURER ☐ DELETE
NAME JAMES ELLIS
STREET ADDRESS 1243 WOLFE ST.
CITY-ST-ZIP JACKSONVILLE FL 32205

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alex Paulsen ALEX PAULSEN
Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-2000

Date

904-630-7551

Daytime Phone #