

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91524 048 ****70.00

DOCUMENT # N99000000957

1. Entity Name

UNITED CHURCH OF PEACE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1260 S. MCDUFF AVENUE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

4. FEI Number

01-0554232

Applied For

Not Applicable

Zip

32205

Country

US

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

ALEX PAULSEN

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

1243 WOLFE STREET

City

JACKSONVILLE

FL

Zip Code

32205

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ALEX PAULSEN
1243 WOLFE STREET
JACKSONVILLE, FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DIANE CARROLL
4010 ERNEST STREET
JACKSONVILLE, FL 32205

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
JAMES ELLIS
~~1243 WOLFE STREET~~
JACKSONVILLE, FL 32205

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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 on an attachment with an address with all other like empowered.

SIGNATURE:

Alex Paulsen

ALEX PAULSEN

APRIL 10, 2002 (904)6307551

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)