

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

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90007 008 \*\*\*\*61.25

DOCUMENT # *N 99000000957*

1. Entity Name

*UNITED CHURCH OF PEACE, INC.*



**DO NOT WRITE IN THIS SPACE**

**44045793**

2. Principal Place of Business

*1260 S. McDUFF AVE*

3. Mailing Address

*1260 S. McDUFF AVE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*JACKSONVILLE FL*

City & State

*JACKSONVILLE FL*

4. FEI Number

*01-0554232*

Applied For

Not Applicable

Zip

*32205*

Country

*DUVAL*

Zip

*32205*

Country

*DUVAL*

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 ST*

City

*JACKSONVILLE*

**FL**

Zip Code

*32205*

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

*Alex Paulsen*

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**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**PD**  
**PAULSEN, ALEX**  
**1243 WOLFE ST**  
**JACKSONVILLE FL 32205**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VD**  
**CARROLL, DIANE**  
~~**1243 WOLFE STREET**~~ *4010 ERNEST STREET*  
**JACKSONVILLE FL 32205**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**STD**  
**ELLIS, JAMES**  
**1243 WOLFE ST**  
**JACKSONVILLE FL 32205**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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*

*5-17-04*

*904-389-6555*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E037B (12/02)