

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 24, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90099 042 \*\*\*\*61.25

**DOCUMENT # N99000002518**

1. Entity Name

**PEACE OF UNITY CHURCH OF WEST PASCO COUNTY, INC.**

Principal Place of Business

Mailing Address

8240 MONARCH DR  
 PORT RICHEY FL 34668

8240 MONARCH DR  
 PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3612606**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHORES, GERALD R**  
**8240 MONARCH DR**  
**PORT RICHEY FL 34668**

Name

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

City

**FL**

Zip Code

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

*Gerald R. Chores*

**4-28-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **BYRD, J.D.**  
 STREET ADDRESS **14509 RICE RD.**  
 CITY-ST-ZIP **HUDSON FL 34687**

TITLE **Wm Kaiser**  Change  Addition  
 NAME **President**  
 STREET ADDRESS **4678 Marine Parkway Unit 303**  
 CITY-ST-ZIP **New Port Richey, FL 34652** *same*

TITLE **T**  Delete  
 NAME **PUNTOILLO, MOZELLE**  
 STREET ADDRESS **8207 RED CEDAR DR**  
 CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **Treasurer**  Change  Addition  
 NAME **Jugith Shorter** *delete*  
 STREET ADDRESS **7331 Congress St**  
 CITY-ST-ZIP **New Port Richey, FL 34653**

TITLE **SD**  Delete  
 NAME **MOSES, ALTHEA**  
 STREET ADDRESS **7835 PRARIE DR**  
 CITY-ST-ZIP **PORT RICHEY FL 34668** *same*

TITLE **TREASURER**  Change  Addition  
 NAME **MARYGENE BYRD**  
 STREET ADDRESS **6703 TIMBER COVE LN.**  
 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34653**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gerald R. Chores*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-02**

Date

Daytime Phone #

**727-868-1500**

CR2E037 (9/01)