

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005992

1. Entity Name

INNER PEACE CHRISTIAN WORSHIP CENTER, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90016 039 ****70.00

Principal Place of Business

Mailing Address

2921 ORLANDO DRIVE, SUITE 180
SANFORD FL 32773

2921 ORLANDO DRIVE, SUITE 180
SANFORD FL 32773-4105

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3600346

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAWKINS, DONNELL
2921 ORLANDO DRIVE, SUITE 180
SANFORD FL 32773

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

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 HAWKINS, DONNELL
STREET ADDRESS 1097 BRIELLE CT
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☒ Change ☐ Addition
NAME Adside, Sonia (ADDRESS)
STREET ADDRESS 2521 Georgia Avenue
CITY-ST-ZIP Sanford, FL 32773

TITLE D ☐ Delete
NAME ASIDE, SONIA
STREET ADDRESS 2105 BRISSON AVE
CITY-ST-ZIP SANFORD FL 32771

TITLE S ☐ Change ☒ Addition
NAME Allen, Mary
STREET ADDRESS 2796 W. Huron Drive
CITY-ST-ZIP Deltona, FL 32738

TITLE D ☐ Delete
NAME ALLEN, CHARLES
STREET ADDRESS 2796 W HURON DR
CITY-ST-ZIP DELTONA FL 32738

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME JANEY, SHEILA
STREET ADDRESS 853 CANTERBURY DR
CITY-ST-ZIP LAKE MARY FL 32746

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HAWKINS, RENETA
STREET ADDRESS 1097 BRIELLE CT
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME DAVIS, GLENDA
STREET ADDRESS 2031 VERANDA CIRCLE
CITY-ST-ZIP ORLANDO FL 32808

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:

Donnell Hawkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/00
Date

407.330-1616
407.977-3031
Daytime Phone #