

DOCUMENT # N99000006691

1. Entity Name

BAPTIST CHURCH OF PEACE, INC.

Principal Place of Business

Mailing Address

2891 S. COURSE DR. APT. #606
BLDG 19
POMPANO BEACH FL 330692891 S. COURSE DR. APT. #606
BLDG 19
POMPANO BEACH FL 33069-3838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FEE Number

59-3613753

Applied For
Not Applicable

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

LIMA, ANTONIO B
2891 S. COURSE DR. APT. #606
BLDG 19
POMPANO BEACH FL 33069

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 is applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution.☐ \$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LIMA, ANTONIO B 2891 S. COURSE DR. APT. #606 POMPANO BEACH FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD LIMA, LILIAN M 2891 S. COURSE DR. APT. #606 POMPANO BEACH FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SOUZA, ALTAIR 3100 N. PALM AVE DR. #403 BLDG. 09 POMPANO BEACH FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DE SOUZA, CECILIA N 3100 N. PALM AVE DR. #403, BLDG. 09 POMPANO BEACH FL 33069 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

2. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-05-2000 90080 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9-99)