

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90227 039 \*\*\*\*61.25

**DOCUMENT # N99000006691**

1. Entity Name

**BAPTIST CHURCH OF PEACE, INC.**

Principal Place of Business

2691 S. COURSE DR. APT. #606  
BLDG 19  
POMPANO BEACH FL 33069

Mailing Address

2691 S. COURSE DR. APT. #606  
BLDG 19  
POMPANO BEACH FL 33069

2. Principal Place of Business

**261 S.E. 13TH AVE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**POMPANO BEACH, FL.**

City &amp; State

4. FEI Number

**59-3613753**

Applied For

Not Applicable

Zip

**33060**

Country

**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

**LIMA, ANTONIO B**  
2691 S. COURSE DR. APT. #606  
BLDG 19  
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent

Name

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

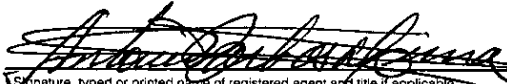
City

**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

**01-13-01****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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LIMA, ANTONIO B	
STREET ADDRESS	2691 S. COURSE DR. APT. #606	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LIMA, LILIAN M	
STREET ADDRESS	2691 S. COURSE DR. APT. #606	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SOUZA, ALTAIR	
STREET ADDRESS	3100 N. PALM AIRE DR. #403 BLDG. 09	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DE SOUZA, CECILIA N	
STREET ADDRESS	3100 N. PALM AIRE DR. #403, BLDG. 09	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOUZA, ALTAIR	
STREET ADDRESS	3100 N. PALM AIRE DR. #403 BLDG. 09	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANA JOUBERTO	
STREET ADDRESS	9703 LANCASTER PLACE	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIMA, LILIAN M	
STREET ADDRESS	2691 S. COURSE DR. APT #606 BLDG. 19	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

**ANTONIO BARBOSA LIMA****SIGNATURE:**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**January 13-2001 (954) 978-2740**  
Date Daytime Phone #

CR2E037 (10/00)