

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007815

Entity Name: PEACE TABERNACLE ASSEMBLY OF GOD, INC.**Current Principal Place of Business:**2308 SOUTEL DRIVE
JACKSONVILLE, FL 32208**Current Mailing Address:**2308 SOUTEL DRIVE
JACKSONVILLE, FL 32208**FEI Number:** 59-3296109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NELSON, MICHAEL
2308 SOUTEL DRIVE
JACKSONVILLE, FL 32208 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PASTOR
Name	MICHAEL, NELSON
Address	2308 SOUTEL DRIVE
City-State-Zip:	JACKSONVILLE FL 32208

Title	SECRETARY, TREASURER
Name	LYNDA, WILLIAMS
Address	3124 HICKORYNUT STREET
City-State-Zip:	JACKSONVILLE FL 32208

Title	TRUSTEE
Name	KEISHA, WEATHERSPOON
Address	11633 LONGWOOD KEY DRIVE EAST
City-State-Zip:	JACKSONVILLE FL 32218

Title	TRUSTEE
Name	RANDOLPH, SMITH
Address	672 WEST 17TH STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	TRUSTEE
Name	MR. KIMBERLY, JOHNSON
Address	8516 LINCREST DRIVE WEST
City-State-Zip:	JACKSONVILLE FL 32208

Title	TRUSTEE
Name	SANDRA, OUTING
Address	11412 SARASOTA
City-State-Zip:	JACKSONVILLE FL 32218

Title	TRUSTEE
Name	MITCHELL, SARAH L
Address	4445 BEDIVERE ROAD
City-State-Zip:	JACKSONVILLE FL 32208

Title	TRUSTEE
Name	HARRIS, TERRY R
Address	922 CHERRY POINT WAY
City-State-Zip:	JACKSONVILLE FL 32218

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL NELSON**PASTOR****03/20/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date