

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740159

Entity Name: PEACEFUL PATHS, INC.

FILED
Sep 15, 2004
Secretary of State

Current Principal Place of Business:

912 NE 2ND ST
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5099
GAINESVILLE, FL 326025099 US

New Mailing Address:

FEI Number: 59-1809014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, THERESA B DR.
912 NE 2ND ST
GAINESVILLE, FL 32601 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, JOE
Address: 6324 NW 33RD ST
City-St-Zip: GAINESVILLE, FL 32653

Title: P () Delete
Name: SMITH, GORDON
Address: 830 EDWARDS RD
City-St-Zip: STARKE, FL 32091

Title: P () Delete
Name: WILKES, JOANN
Address: 4316 NW 41ST LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: S () Delete
Name: VARNES, MARTHA
Address: 2823 NE 11TH TERR
City-St-Zip: GAINESVILLE, FL 32609

Title: T () Delete
Name: FERRER, JAMES F JR
Address: 1841 NW 14TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: ED () Delete
Name: HARRISON, THERESA B DR.
Address: 912 NE 2ND ST
City-St-Zip: GAINESVILLE, FL 32601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THERESA B HARRISON

ED

09/15/2004

Electronic Signature of Signing Officer or Director

Date