



FILED
Mar 17, 2006 8:00 am
Secretary of State

02-27-2006 90053 007 ****61.50

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | | | |
|--|--|--|---|
| DOCUMENT # 740159 | |  | |
| 1. Entity Name PEACEFUL PATHS, INC. | | | |
| Principal Place of Business 912 NE 2ND ST GAINESVILLE, FL 32601 | | Mailing Address P.O. BOX 5099 GAINESVILLE, FL 32602-5099 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 01092006 | | Chg-NP | CR2E037 (11/05) |
| 4. FEI Number 59-1809014 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HARRISON, THERESA B DR. 912 NE 2ND ST GAINESVILLE, FL 32601 | | 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P. JOHNSON, JOE 6324 NW 33RD ST GAINESVILLE, FL 32653 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Past President Johnson, Joe <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D. WILKES, JOANN 4316 NW 41ST LANE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Board member Wilkes, JoAnn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PRESLEY, JANET E 1520 NW 158 AVE GAINESVILLE, FL 32609 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Presley, Janet <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S O'MALLEY, LEOTA 9319 NW 17TH PLACE GAINESVILLE, FL 32606 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Heather Jennings P.O. Box 5099 Gainesville, FL 32627 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FUSSELL, PAULA V 204 TIGERT HALL GAINESVILLE, FL 32611 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED HARRISON, THERESA B DR. 912 NE 2ND ST GAINESVILLE, FL 32601 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | | Date: 2/22/06 (352)377-5690 | |
| _____ Signature and typed or printed name of signing officer or director | | _____ Date | |

Theresa B. Harrison

66005730





ATTACHMENT

66005730

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2006

PEACEFUL PATHS, INC.
P.O. BOX 5099
GAINESVILLE, FL 32602-5099 US

Subject: PEACEFUL PATHS, INC.

Reference Number: 740159

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.50; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION