



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90115 024 \*\*\*\*61.25

<b>DOCUMENT # 740159</b>					
<b>1. Entity Name</b> PEACEFUL PATHS, INC.					
<b>Principal Place of Business</b> 912 NE 2ND ST GAINESVILLE, FL 32601			<b>Mailing Address</b> P.O. BOX 5099 GAINESVILLE, FL 32602-5099 US		
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-1809014	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HARRISON, THERESA B DR. 2100 N.W. 53RD AVE GAINESVILLE, FL 32653				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PP <b>NAME</b> JOHNSON, JOE <b>STREET ADDRESS</b> 6324 NW 33RD ST <b>CITY-ST-ZIP</b> GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		<b>TITLE</b> President <b>NAME</b> James Ferrer, Jr <b>STREET ADDRESS</b> 1841 NW 14th Ave <b>CITY-ST-ZIP</b> Gainesville, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> BM <b>NAME</b> WILKES, JOANN <b>STREET ADDRESS</b> 4316 NW 41ST LANE <b>CITY-ST-ZIP</b> GAINESVILLE, FL 32606	<input type="checkbox"/> Delete		<b>TITLE</b> Vice President <b>NAME</b> Brian Scarborough <b>STREET ADDRESS</b> 2811 NW 41st St <b>CITY-ST-ZIP</b> Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> PRESLEY, JANET <b>STREET ADDRESS</b> 1520 NW 156 AVE <b>CITY-ST-ZIP</b> GAINESVILLE, FL 32609	<input type="checkbox"/> Delete		<b>TITLE</b> PP <b>NAME</b> Presley, Janet <b>STREET ADDRESS</b> 1520 NW 156 Ave <b>CITY-ST-ZIP</b> Gainesville, FL 32609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> JENNINGS, HEATHER <b>STREET ADDRESS</b> POB 5099 <b>CITY-ST-ZIP</b> GAINESVILLE, FL 32627	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Secretary <b>NAME</b> Rita C. Parrot <b>STREET ADDRESS</b> P.O. Box 140753 <b>CITY-ST-ZIP</b> Gainesville, FL 32614	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> FUSSELL, PAULA V <b>STREET ADDRESS</b> 204 TIGERT HALL <b>CITY-ST-ZIP</b> GAINESVILLE, FL 32611	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ED <b>NAME</b> HARRISON, THERESA B DR. <b>STREET ADDRESS</b> 912 NE 2ND ST <b>CITY-ST-ZIP</b> GAINESVILLE, FL 32601	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE: Theresa B. Harrison</b>			Date <b>4/21/08</b> Daytime Phone # <b>(352) 377-5690</b>		