2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740159

Entity Name: PEACEFUL PATHS, INC.

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PARROT, RITA C

PO BOX 140753

FUSSELL, PAULA V

204 TIGERT HALL

912 NE 2ND ST

GAINESVILLE, FL 32614

GAINESVILLE, FL 32611

GAINESVILLE, FL 32601

HARRISON, THERESA B DR.

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

FILED Jan 06, 2009 Secretary of State

Current Pr	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
912 NE 2ND ST GAINESVILLE, FL 32601				2100 NW 53RD AVENUE GAINESVILLE, FL 32653			
Current Mailing Address:			New Maili	New Mailing Address:			
P.O. BOX S GAINESVII	5099 LLE, FL 32602	5099 US					
FEI Number:	59-1809014	FEI Number Applied For ()	FEI Number Not App	icable () Co	ertificate of Status Desire	ed ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
2100 N.W. GAINESVIL The above in the State	of Florida.		urpose of changing i	ts registered offic	e or registered agent,	or both,	
SIGNATUF		ic Signature of Registered Age	ent		Date		
OFFICERS	AND DIREC			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PP () FERRER, JAME 1841 NW 14TH GAINESVILLE,	Delete ES AVE	Title: Name: Address: City-St-Zip: Title:	PP (X) Ch SCARBOROUGH, I 2811 NW 41ST ST GAINESVILLE, FL	ange()Addition BRIAN REET		
Name: Address: City-St-Zip:	SCARBOROUG 2811 NW 41ST GAINESVILLE,	H, BRIAN ST	Name: Address: City-St-Zip:	WILKES, JOANN 4316 NW 41ST LA GAINESVILLE, FL	NE		
Title: Name: Address: City-St-Zip:	P () PRESLEY, JAN 1520 NW 156 A GAINESVILLE,	VE	Title: Name: Address: City-St-Zip:	P (X) Ch FERRER, JAMES 1841 NW 14TH AV GAINESVILLE, FL	ENUE		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

SIGNATURE: THERESA B. HARRISON ED 01/06/2009

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