

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2003 8:00 am
Secretary of State

05-30-2003 90092 027 ****61.25

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

4. FEI Number **59-1809014**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **D** ☐ Delete
NAME **JOHNSON, JOE**
STREET ADDRESS **6324 NW 33RD ST**
CITY-ST-ZIP **GAINESVILLE FL 32653**

TITLE **T** ☐ Change ☒ Addition
NAME **FERRER, JAMES F, JR**
STREET ADDRESS **1841 NW 14th AVENUE**
CITY-ST-ZIP **Gainesville, FL 32605**

TITLE **P** ☐ Delete
NAME **SMITH, GORDON**
STREET ADDRESS **830 EDWARDS RD**
CITY-ST-ZIP **STARKE FL 32091**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **WILKES, JOANN**
STREET ADDRESS **4316 NW 41ST LANE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **VARNES, MARTHA**
STREET ADDRESS **2823 NE 11TH TERR**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **COWAN, RITA**
STREET ADDRESS **8018 SW 17TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ED** ☐ Delete
NAME **HARRISON, THERESA B DR.**
STREET ADDRESS **912 NE 2ND ST**
CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE REQUIRED

5/27/03 352-377-5690

CR2E037 (10/02)