


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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-11-2003 90189 029 ****61.25

DOCUMENT # N99000003881

1. Entity Name
PEACE OF MIND ENDOWMENT FOUNDATION, INC.



Principal Place of Business
**7201 17TH WAY NORTH
ST. PETERSBURG FL 33702**

Mailing Address
**7201 17TH WAY NORTH
ST. PETERSBURG FL 33702**

2. Principal Place of Business
7201 17th Way North

3. Mailing Address
7201 17th Way N


Suite, Apt. #, etc.

City & State
St. Petersburg

City & State
St. Petersburg

Zip
33702

Country
USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WIENHOLD, MARLENE
7201 17TH WAY NORTH
ST. PETERSBURG FL 33702**

7. Name and Address of New Registered Agent

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

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	WIENHOLD, MARLENE	Director
STREET ADDRESS	7201 17TH WAY NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	ED	<input type="checkbox"/> Delete
NAME	WIENHOLD, GEORGE	Director
STREET ADDRESS	7201 17TH WAY NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HARDIE, STAN	
STREET ADDRESS	7200 17TH WAY NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Margaret Coleran	Director
CITY-ST-ZIP	1780 70th Circle North	
	St. Petersburg, FL 33702	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerment.

SIGNATURE: **[Signature]**

DATE: **4/13/03**

DAYTIME PHONE: **721-528-4270**

CR2E037 (1/07/02)