


2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000009295	
1. Entity Name PEACE MAKERS MINISTRIES, INC.	

Principal Place of Business 1820 MONUMENT ROAD JACKSONVILLE, FL 32225	Mailing Address 1820 MONUMENT ROAD JACKSONVILLE, FL 32225
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2. Principal Place of Business 12822 HAVERFORD RD Suite, Apt. #, etc. East 6 City & State JACKSONVILLE FLORIDA Zip 32218 Country USA	3. Mailing Address 12822 HAVERFORD RD Suite, Apt. #, etc. East 6 City & State JACKSONVILLE FLORIDA Zip 32218 Country USA
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FILED
06 OCT -2 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09282006 REIN-NP CR2E099 (11/05)

4. FEI Number 59-3819882	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, CLARENCE D 12822 HAVERFORD ROAD EAST 6 JACKSONVILLE, FL 32218	
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 Clarence D. Williams Clarence D. Williams 09/28/06
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 After January 1, 2007, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. <input checked="" type="checkbox"/>	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WILLIAMS, CLARENCE D 12822 HAVERFORD ROAD EAST 6 JACKSONVILLE, FL 32218 <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	P GREEN, BRUCE 7208 LEM TURNER ROAD JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500080369183 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/03/06--01003--003 ***61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILSON, AYRON G 2929 WEST 8TH ST JACKSONVILLE, FL 32205 <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	<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	<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	<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: Clarence D. Williams Clarence D. Williams 09/28/06 (904) 710-6679
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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