## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000005675

Title:

Name:

Address:

City-St-Zip:

Entity Names DEACE DOTH FOUNDATION

FILED Mar 23, 2009 Secretary of State

Entity Na	me: PEACE E	3 STILL FOUNDATION, INC			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
205 JOEL BLVD SUITE 208 LEHIGH ACRES, FL 33936			205 JOEL BLVD SUIT LEHIGH ACRES, FL		
Current Mailing Address:			New Mailing Address:		
205 JOEL BLVD SUITE 208 LEHIGH ACRES, FL 33936			205 JOEL BLVD SUITE 208 LEHIGH ACRES, FL 33936 US		
FEI Number	: 59-3659879	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
714 FILLN	, GEORGE T J IORE AVE ICRES, FL 339				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	nic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD ( DUNCAN, GEO 714 FILLMORE LEHIGH ACRE	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP ( PHILLIPS, VIR PO BOX 584 BUNNELL, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	FD ( DUNCAN, GEO 2039 WILLIAM SANFORD, FL	S AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DUNCAN, MON 125 FRANKLIN		Title: Name: Address: Citv-St-Zip:	( ) Change ( ) Addition	

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:

Name:

Address:

City-St-Zip:

SIGNATURE: GEORGE T. DUNCAN JR PD 03/23/2009

() Delete

( ) Change (X) Addition

DUNCAN, CLAIRE-NITE

LEHIGH ACRES, FL 33936 US

714 FILLMORE AVE