## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000005672

FILED Apr 29, 2004 Secretary of State

Entity Name: INNER PEACE: ENTER PEACE MINISTRIES, INC.

Current Pr	incipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
4990 COUNTY RD 12 TALLAHASSEE, FL 32312					
Current Mailing Address:			New Mailing Add	New Mailing Address:	
4990 COUI TALLAHAS	NTY RD 12 SSEE, FL 3231	2			
FEI Number:	38-3655518	FEI Number Applied For ( )	FEI Number Not Applicable (	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Addres	ss of New Registered Agent:	
JONES, JULIA M 4990 COUNTY RD 12 TALLAHASSEE, FL 32312 US					
The above in the State		ubmits this statement for the po	urpose of changing its regist	tered office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPD () SAILOR, ARIE 3013 SHAMROO TALLAHASSEE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () RAY, SYMENTH 2712 W THARPI TALLAHASSEE,	E ST APT G-47	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () DANZEY, CARM P.O.BOX 4184 TALLAHASSEE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () JONES, JULIA 4990 COUNTY F TALLAHASSEE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	M () PLATT, OMAR 4990 COUNTY F TALLAHASSEE,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () JONES, JULIA 4990 COUNTY F TALLAHASSEE,		Title: Name: Address: City-St-Zip:	() Change () Addition	

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

SIGNATURE: JULIA JONES MS. 04/29/2004