

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005672

FILED
Apr 19, 2007
Secretary of State

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

Current Principal Place of Business:

1609 BRANCH STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

2605 MAYFAIR ROAD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 38-3655518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JULIA M
2605 MAYFAIR ROAD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: SAILOR, ARIE
Address: 3013 SHAMROCK ST S
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: RAY, SYMENTHIA
Address: 2712 W THARPE ST APT G-47
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: BROWN, LINDA
Address: 2377 LLOYD CREEK ROAD
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: JONES, JULIA
Address: 2605 MAYFAIR ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: M () Delete
Name: PLATT, OMAR
Address: 2605 MAYFAIR ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: P () Delete
Name: JONES, JULIA
Address: 2605 MAYFAIR ROAD
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: JULIA JONES

MS.

04/19/2007

Electronic Signature of Signing Officer or Director

Date