

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007474

FILED
Mar 31, 2004
Secretary of State**Entity Name:** SHALOM-CENTER FOR PEACE AND RESTORATION, INC.**Current Principal Place of Business:**1612 E FERN RD #2
LAKELAND, FL 33801**New Principal Place of Business:****Current Mailing Address:**1612 E FERN RD #2
LAKELAND, FL 33801**New Mailing Address:**PO BOX 92989
LAKELAND, FL 33815**FEI Number:** 42-1603199**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**AUSTIN, SHERRITA R
1612 E FERN RD #2
LAKELAND, FL 33801**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: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: MS. () Change (X) Addition
Name: AUSTIN, SHERRITA R
Address: 1612 E. FERN RD. #2
City-St-Zip: LAKELAND, FL 33801Title: MS. () Change (X) Addition
Name: GLOVER, KARENA
Address: 2220 PROVIDENCE ROAD
City-St-Zip: LAKELAND, FL 33805Title: MS. () Change (X) Addition
Name: HENRY, ALTAVISE
Address: 1908 LAVON STREET
City-St-Zip: LAKELAND, FL 33805

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: SHERRITA R. AUSTIN

MS.

03/31/2004

Electronic Signature of Signing Officer or Director

Date