

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007474

FILED
Apr 18, 2005
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:

1740 E FERN RD
LAKELAND, FL 33801

Current Mailing Address:

PO BOX 92989
LAKELAND, FL 33815

New Mailing Address:

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 US

Name and Address of New Registered Agent:

AUSTIN, SHERRITA R
1740 E FERN RD
LAKELAND, FL 33801 US

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: SHERRITA AUSTIN

04/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MS. () Delete
Name: AUSTIN, SHERRITA R
Address: 1612 E. FERN RD. #2
City-St-Zip: LAKELAND, FL 33801

Title: MS. () Delete
Name: GLOVER, KARENA
Address: 2220 PROVIDENCE ROAD
City-St-Zip: LAKELAND, FL 33805

Title: MS. () Delete
Name: HENRY, ALTAVISE
Address: 1908 LAVON STREET
City-St-Zip: LAKELAND, FL 33805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. (X) Change () Addition
Name: AUSTIN, SHERRITA R
Address: 1740 E. FERN RD.
City-St-Zip: LAKELAND, FL 33801

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 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 AUSTIN

MS.

04/18/2005

Electronic Signature of Signing Officer or Director

Date