

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007474

FILED  
Jan 10, 2007  
Secretary of State

**Entity Name:** SHALOM-CENTER FOR PEACE AND RESTORATION, INC.

**Current Principal Place of Business:**

1740 E FERN RD  
LAKELAND, FL 33801

**New Principal Place of Business:**

1210 MARRICK CIRCLE  
LAKELAND, FL 33815

**Current Mailing Address:**

PO BOX 1250  
LAKELAND, FL 33802

**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:**

DENSON, SHERRITA A  
1740 E FERN RD  
LAKELAND, FL 33801 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: MRS. ( ) Delete  
Name: DENSON, SHERRITA A  
Address: 1740 E. FERN RD.  
City-St-Zip: LAKELAND, FL 33801

Title: MRS. ( ) Delete  
Name: GLOVER, KARENA  
Address: 2840 MOONLIGHT COVE LANE #105  
City-St-Zip: LAKELAND, FL 33815

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: MRS. (X) Change ( ) Addition  
Name: MAULTSBY, KARENA  
Address: 7786 CANTERBURY CIRCLE  
City-St-Zip: LAKELAND, FL 33810

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: KARENA MAULTSBY

MRS.

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date