2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2009
Secretary of State

DOCUMENT# N03000007474

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

Current Principal Place of Business:

1210 MARRICK CIRCLE
LAKELAND, FL 33815

New Principal Place of Business:

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

DENSON, SHERRITA A
5115 N. SOCRUM LOOP ROAD
139
LAKELAND, FL 33809 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: _____ 09/15/2009
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: MAULTSBY, KARENA
Address: 7786 CANTERBURY CIRCLE
City-St-Zip: LAKELAND, FL 33810

Title: MS. ( ) Delete
Name: HENRY, ALTAVISE
Address: 5431 RIVER ROCK ROAD
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MRS. (X) Change ( ) Addition
Name: DENSON, SHERRITA A
Address: 5115 N. SOCRUM LOOP APT. 139
City-St-Zip: LAKELAND, FL 33809

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 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 09/15/2009
Electronic Signature of Signing Officer or Director — Date