



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90027 033 ****70.00

DOCUMENT # N03000007963 1. Entity Name PEACE EDUCATION FOUNDATION OF FLORIDA, INC.					
Principal Place of Business 6931 COOLIDGE STREET HOLLYWOOD, FL 33024			Mailing Address 6931 COOLIDGE STREET HOLLYWOOD, FL 33024		
2. Principal Place of Business 2318 SCOTT STREET Suite, Apt. #, etc. HOLLYWOOD (CA)		3. Mailing Address 2318 SCOTT STREET Suite, Apt. #, etc.			
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL		4. FEI Number 20-0230947	
Zip 33020		Country BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, CECIL W DR. - (SAME) 6931 COOLIDGE STREET HOLLYWOOD, FL 33024				7. Name and Address of New Registered Agent Name SCOTT, CECIL W DR. Street Address (P.O. Box Number is Not Acceptable) 2318 SCOTT STREET City HOLLYWOOD FL Zip Code 33020	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT, CECIL W DR. 6931 COOLIDGE STREET HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY 33020 2318 SCOTT ST. HOLLYWOOD FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IRVING, MAUREEN 6931 COOLIDGE STREET HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADDRESS ONLY 2318 SCOTT ST. HOLLYWOOD FL 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, RICHARD C 6931 COOLIDGE STREET HOLLYWOOD, FL 33024	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY FL 2318 SCOTT ST. HOLLYWOOD 33020	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIGHTBURN, RAY 6931 COOLIDGE STREET HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YVONNE PERRY 2318 SCOTT ST. HOLLYWOOD FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, MOORICIO 6931 COOLIDGE STREET HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JULETTE DENNIS 2318 SCOTT ST. HOLLYWOOD FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAYED, EHAB 6931 COOLIDGE ST. HOLLYWOOD, FL 33024	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADDEQUET BUCHANAN 2318 SCOTT STREET HOLLYWOOD FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Cecil Scott</u> <u>CECIL SCOTT, DR.</u> <u>2/17/05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					