

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90030 048 ****61.25

DOCUMENT # N03000009064

1. Entity Name

PEACEFUL KINGDOM HEALING AND REFUGE CENTER
INC.



Principal Place of Business

11540 KEY BISCAYNE DR W
JACKSONVILLE FL 32218

Mailing Address

11540 KEY BISCAYNE DR W
JACKSONVILLE FL 32218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

56-2419132

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, DORA M
11540 KEY BISCAYNE DR W
JACKSONVILLE FL 32218

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P
NAME STEWART, ROBERT C ☐ Delete
STREET ADDRESS 11540 KEY BISCAYNE DR W
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE
NAME HARRELL, TONGI ☐ Delete
STREET ADDRESS 1889 MARVEL LAKE DR
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE S
NAME HADLEY, JEANETTE ☐ Delete
STREET ADDRESS 12347 BUCKS HARBOR DR
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE
NAME Executive Director ☐ Delete
NAME Dora M. Stewart
STREET ADDRESS 11540 Key Biscayne W.W.
CITY-ST-ZIP Jacksonville, FL 32218

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Robert C. Stewart

SIGNING OFFICER OR DIRECTOR

4-12-04

Date

Daytime Phone #