2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N03000009064

Entity Name: PEACEFUL KINGDOM HEALING AND REFUGE CENTER INC.

Current Principal Place of Business:

11540 KEY BISCAYNE DR W
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

11540 KEY BISCAYNE DR W
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 56-2419132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, DORA M
11540 KEY BISCAYNE DR W
JACKSONVILLE, FL 32218 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: P ( ) Delete
Name: STEWART, ROBERT C
Address: 11540 KEY BISCAYNE DR W
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete
Name: HARRELL, TONGI
Address: 1609 MARVEL LAKE DR
City-St-Zip: JACKSONVILLE, FL 32221

Title: S ( ) Delete
Name: HADLEY, JEANETTE
Address: 12347 BUCKS HARBOR DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: ED ( ) Delete
Name: STUART, DORA M
Address: 11540 KEY BISCAYNE DRIVE
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DORA M. STEWART MRS. 04/26/2007

Electronic Signature of Signing Officer or Director — Date