

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004 8:00 am
Secretary of State

07-23-2004 90007 011 ****61.25

DOCUMENT # N03000009211					
1. Entity Name PEACEMAKERS INTERNATIONAL FELLOWSHIP, INC.					
Principal Place of Business 5757 DEVON STREET PORT ORANGE, FL 32127 325 moon rise dr.			Mailing Address 5757 DEVON STREET PORT ORANGE, FL 32127		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 58-2677781 Applied For ☐ Not Applicable					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent AMO, RICHARD 5757 DEVON STREET PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent Name: <u>Amo, Richard</u> Street Address (P.O. Box Number is Not Acceptable): <u>325 moon rise dr</u> City: <u>Port Orange</u> FL Zip Code: <u>32127</u>		
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 September 8, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UPSHER, STEVE ☒ Delete 18155 15 MILE ROAD CLINTON TOWNSHIP, MI 48035		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMO, RICHARD ☐ Delete 5757 DEVON ST. PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORING, KENDRA ☐ Delete 5757 DEVON ST. PORT ORANGE, FL 32127		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, CAROL A ☐ Delete 22 WOODHOLLOW LANE PALM COAST, FL 32164		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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07202004 Chg-NP CR2E037 (10/03)