2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# N05000005827

Entity Name: PEACE FOUNDATION, INC.

Current Principal Place of Business:

5830 TRINITY LN
ORLANDO, FL 32839 US

New Principal Place of Business:

Current Mailing Address:

5830 TRINITY LN
ORLANDO, FL 32839 US

New Mailing Address:

FEI Number: 20-2954583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

YATES, CHARLOTTE M
5830 TRINITY LANE
ORLANDO, FL 32839 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: PRES ( ) Delete
Name: YATES, CHARLOTTE M
Address: 5830 TRINITY LN
City-St-Zip: ORLANDO, FL 32839

Title: D ( ) Delete
Name: MCLEOD, JOHN
Address: 4236 QUANDO DR
City-St-Zip: ORLANDO, FL 32812

Title: D ( ) Delete
Name: COLLINS, DAVID
Address: 2300 ZUNI RD
City-St-Zip: ST CLOUD, FL 34771 US

Title: C ( ) Delete
Name: TAYLOR, KEITH
Address: 3621 NORTHGLENN DR
City-St-Zip: ORLANDO, FL 32806 US

Title: D ( ) Delete
Name: SMITH, ROGER
Address: 655 LAKE HARBOR DR
City-St-Zip: ORLANDO, FL 32809 US

Title: D ( ) Delete
Name: GANEY, HARRISS
Address: 5423 PASADENA DR
City-St-Zip: ORLANDO, FL 32809 US

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:

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: CHARLOTTE M. YATES PRES 02/19/2009

Electronic Signature of Signing Officer or Director — Date