

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90025 014 ****61.25



DOCUMENT # N41831
1. Entity Name
ENVIRONMENTAL AND PEACE EDUCATION CENTER, INC.

Principal Place of Business Mailing Address
13411 SHIRE LANE **PO BOX 1028**
FT MYERS FL **LEHIGH ACRES FL 33970-1028**



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number Applied For
65-0238740 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SWEET, CECILIA P.
10563 PUTNAM CT SE
LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	DE	<input checked="" type="checkbox"/> Delete
NAME	ANDREWS, STANLEY	
STREET ADDRESS	P. O. BOX 489	
CITY - ST - ZIP	LA BELLE FL 33975	
TITLE	DP	<input type="checkbox"/> Delete
NAME	STANLEY, PHYLLIS	
STREET ADDRESS	114 BETH STACEY BLDG C	
CITY - ST - ZIP	LEHIGH ACRES FL 33936	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SWEET, CECILIA P.	
STREET ADDRESS	10563 PUTNAM CT. SE	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, NANCY L.	
STREET ADDRESS	1728 LAKEVIEW BLVD	
CITY - ST - ZIP	N. FORT MYERS, FL 33903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Cecilia P Sweet*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/06 *239-369-6375*
Date Daytime Phone #