

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90101 013 ****70.00

DOCUMENT # N41831 1. Entity Name ENVIRONMENTAL AND PEACE EDUCATION CENTER, INC.			
Principal Place of Business 13411 SHIRE LANE FT MYERS, FL		Mailing Address PO BOX 1028 LEHIGH ACRES, FL 33970-1028	
2. Principal Place of Business - No P.O. Box # 4802 Anchorage Avenue		3. Mailing Address P.O. Box 07224	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Fort Myers, FL		City & State Fort Myers, FL	
Zip 33919		Zip 33919	
Country U.S.		Country U.S.	
4. FEI Number 65-0238740		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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 Tom Guelcher Street Address (P.O. Box Number is Not Acceptable) 4802 Anchorage Avenue City Fort Myers FL 33919	
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 <u>Tom Guelcher</u>		Tom Guelcher President/Director	
Signature, typed or printed name of registered agent and title if applicable.		DATE 4/18/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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	DE HOWELL, NANCY L 1728 LAKEVIEW BLVD NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D Tom Guelcher 4802 Anchorage Avenue Fort Myers, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STANLEY, PHYLLIS 114 BETH STACEY BLDG C LEHIGH ACRES, FL 33936 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D Cynthia Highsmith 2316 Clifford Street Fort Myers, FL 33901 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SWEET, CECILIA P. 1056S PUTNAM CT. SE LEHIGH ACRES, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D Nancy Feraldi 12967 Sandpoint Court Fort Myers, FL 33919 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D Dana Foglesong 12740 Equestrian Way #2901 Fort Myers, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Tom Guelcher</u>		Tom Guelcher	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4/18/08	
(239) 267-4219		Daytime Phone	