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Jun 16 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003626 (6)

1. Corporation Name

PEACE OF MIND COALITION, INC.



Principal Place of Business

Mailing Address

7829 SHELLBARK DRIVE
ORLANDO FL 32818

7829 SHELLBARK DRIVE
ORLANDO FL 32818-4710

3. Date Incorporated or Qualified
07/08/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-3415505

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, VIVIANNE E
7829 SHELLBARK DRIVE
ORLANDO FL 32818

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D VIVIANNE Williams
NAME
STREET ADDRESS 7829 Shellbark Dr.
CITY-ST-ZIP ORLANDO, FL 32818

1.1 TITLE V Colleen COKE
1.2 NAME
1.3 STREET ADDRESS 1053 S. Hawassard Rd
1.4 CITY-ST-ZIP ORL FL 32835 Box 67
ORLANDO, FL 32818

TITLE D Colleen COKE
NAME
STREET ADDRESS 1053 S. Hawassard Rd.
CITY-ST-ZIP ORLANDO, FL 32835
APT 713 BOX 67

2.1 TITLE T Patricia Tyson
2.2 NAME
2.3 STREET ADDRESS 7340 Woodward Way
2.4 CITY-ST-ZIP ORLANDO, FL 32818

TITLE D Patricia Tyson
NAME
STREET ADDRESS 7340 Woodward Way
CITY-ST-ZIP ORL, FL 32818

3.1 TITLE S Marie GADY
3.2 NAME
3.3 STREET ADDRESS 1915 Blossom Terris
3.4 CITY-ST-ZIP ORLANDO, FL

TITLE D Marie GADY
NAME
STREET ADDRESS 1915 Blossom Terris
CITY-ST-ZIP ORLANDO, FL 32808

4.1 TITLE P VIVIANNE Williams
4.2 NAME
4.3 STREET ADDRESS 7829 Shellbark Dr.
4.4 CITY-ST-ZIP ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

CR2E037 (9/96)

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6/16/97