


FILE NOW: FILING FEE IS \$61.25

FILED

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
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DOCUMENT # N96000003626 (6)
1. Corporation Name
PEACE OF MIND COALITION, INC.



Principal Place of Business 7829 SHELLBARK DRIVE ORLANDO FL 32818	Mailing Address 7829 SHELLBARK DRIVE ORLANDO FL 32818-4710
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3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-3415505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILLIAMS, VIENNE E
7829 SHELLBARK DRIVE
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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]* DATE **4/20/97**

(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE D	NAME Vivienne Williams	<input type="checkbox"/> DELETE
STREET ADDRESS	7829 Shellbark Dr. ORLANDO, FL 32818	
CITY-ST-ZIP		
TITLE D	NAME Colleen Coke	<input type="checkbox"/> DELETE
STREET ADDRESS	1053 S. Hawassard Rd. ORLANDO, FL 32835 APT 713 BOX 67	
CITY-ST-ZIP		
TITLE D	NAME Patricia Tyson	<input type="checkbox"/> DELETE
STREET ADDRESS	7340 Woodworth Way. ORL, FL 32818	
CITY-ST-ZIP		
TITLE D	NAME Marie Gady	<input type="checkbox"/> DELETE
STREET ADDRESS	1915 Blossom Terris ORLANDO, FL 32808	
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V	NAME Colleen COKE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	1053 S. Hawassard Rd	
1.3 STREET ADDRESS	ORL FL 32835 Box 67	
1.4 CITY-ST-ZIP	ORLANDO, FL APT 713	
2.1 TITLE T	NAME Patricia Tyson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	7340 Woodworth way	
2.3 STREET ADDRESS	ORLANDO, FL 32818	
2.4 CITY-ST-ZIP		
3.1 TITLE S	NAME Marie GADY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1915 Blossom Terris	
3.3 STREET ADDRESS	ORLANDO, FL	
3.4 CITY-ST-ZIP		
4.1 TITLE P	NAME VIVIENNE WILLIAMS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	7829 Shellbark Dr.	
4.3 STREET ADDRESS	ORLANDO, FL 32818	
4.4 CITY-ST-ZIP		
5.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002213915	
6.3 STREET ADDRESS	-06/17/97--01002--031	
6.4 CITY-ST-ZIP	***61.25	

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 for an attachment with an address.

SIGNATURE *[Signature]* DATE **6/16/97**

CP2E037 (9/96)