

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000004056

1. Entity Name  
PEACEFUL ZION HUMAN SERVICES, INC.



Principal Place of Business  
2400 NW 68TH STREET  
MIAMI, FL 33147

Mailing Address  
2400 NW 68TH STREET  
MIAMI, FL 33147



09082004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

PRESTON, C.P. JR. REV  
2400 NW 68TH STREET  
MIAMI, FL 33147

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME PRESTON, C.P. JR  
STREET ADDRESS 12535 NE 1ST AVE  
CITY-ST-ZIP N MIAMI, FL 33161

TITLE SD  
NAME ROBINSON, JANE  
STREET ADDRESS 2400 NW 68TH STREET  
CITY-ST-ZIP MIAMI, FL 33147

TITLE TD  
NAME THOMKINS, SARAH ANN  
STREET ADDRESS 6441 SW64 AVE.  
CITY-ST-ZIP MIAMI, FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

09/09/04-80008-007 70.00

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Handwritten signatures: Jane W Robinson, etc.*

*Handwritten date and phone number: 09/08/04 305 347 4633*