

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90089 014 ****70.00

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1. Entity Name

PEACE RESTORATION MINISTRIES, INC.



Principal Place of Business

2807 CLIFFORD SAMPLE DR
SUITE A
TAMPA FL 33619

Mailing Address

POST OFFICE BOX 489
BRANDON FL 33509-0489

40026688



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3438376

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GOVERNOR, SANDRA
3219 PINELLAS PL
TAMPA FL 33619

7. Name and Address of New Registered Agent

Name

GOVERNOR, SANDRA

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

6217 GONDOLA DRIVE

City

Riverview

FL

Zip Code

33569

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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	T	<input type="checkbox"/> Delete
NAME	GOVERNOR, JAVLIN	
STREET ADDRESS	9803 N. 52 ST	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	P	<input type="checkbox"/> Delete
NAME	GOVERNOR, SANDRA	
STREET ADDRESS	3219 ANALLAS PL	
CITY - ST - ZIP	TAMPA FL 33619	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOVERNOR, VANCE	
STREET ADDRESS	3219 ANALLAS PL	
CITY - ST - ZIP	TAMPA FL 33619	
TITLE	T	<input type="checkbox"/> Delete
NAME	COLLINS, CATHERINE	
STREET ADDRESS	8515 N. ASHLEY	
CITY - ST - ZIP	TAMPA FL 33604	
TITLE	S	<input type="checkbox"/> Delete
NAME	JEFFERSON, RAMONA	
STREET ADDRESS	9803 N 52 ST	
CITY - ST - ZIP	TAMPA FL 33617	
TITLE	T	<input type="checkbox"/> Delete
NAME	KENRICKS, CYNTHIA	
STREET ADDRESS	8515 N ASHLEY	
CITY - ST - ZIP	TAMPA FL 33604	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVERNOR, JAVLIN	
STREET ADDRESS	3219 Anallas Place	
CITY - ST - ZIP	Tampa FL 33619	
TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVERNOR, Sandra	
STREET ADDRESS	6217 Gondola Dr.	
CITY - ST - ZIP	Riverview FL 33569	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVERNOR, VANCE	
STREET ADDRESS	6217 GONDOLA Dr.	
CITY - ST - ZIP	Riverview FL 33569	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERSON, Ramona	
STREET ADDRESS	3219 Pinellas Place	
CITY - ST - ZIP	Tampa FL 33619	
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 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:

Pastor Sandra Governor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 2005 (813) 741-9096

Date

Daytime Phone #