


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000005822 1. Entity Name PEACE RESTORATION MINISTRIES, INC.	
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Principal Place of Business 2807 CLIFFORD SAMPLE DR SUITE A TAMPA FL 33619	Mailing Address POST OFFICE BOX 489 BRANDON FL 33509-0489
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2. Principal Place of Business	3. Mailing Address	4. FEI Number 59-3438376
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
City & State	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent GOVERNOR, SANDRA 6217 GONDOLA DRIVE RIVERVIEW FL 33569	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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FL Zip Code

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 Sandra Governor, Pastor Sandra Governor April 5, 2006
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, 2006

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		<input type="checkbox"/> Delete
TITLE	T GOVERNOR, JAVLIN	
NAME	3219 PINELLAS PLACE	
STREET ADDRESS	TAMPA FL 33619	
CITY-ST-ZIP		
TITLE	P GOVERNOR, SANDRA	<input type="checkbox"/> Delete
NAME	6217 GONDOLA DR	
STREET ADDRESS	RIVERVIEW FL 33569	
CITY-ST-ZIP		
TITLE	V GOVERNOR, VANCE	<input type="checkbox"/> Delete
NAME	6217 GONDOLA DR	
STREET ADDRESS	RIVERVIEW FL 33569	
CITY-ST-ZIP		
TITLE	T COLLINS, CATHERINE	<input type="checkbox"/> Delete
NAME	8515 N. ASHLEY	
STREET ADDRESS	TAMPA FL 33604	
CITY-ST-ZIP		
TITLE	S JEFFERSON, RAMONA	<input type="checkbox"/> Delete
NAME	3219 PINELLAS PLACE	
STREET ADDRESS	TAMPA FL 33619	
CITY-ST-ZIP		
TITLE	T KENRICKS, CYNTHIA	<input type="checkbox"/> Delete
NAME	8515 N ASHLEY	
STREET ADDRESS	TAMPA FL 33604	
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

U00000505714
04/26/06-80128-004 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Sandra Governor, Pastor April 5, 2006 (813) 741-9