


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N98000005822 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
--	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-3438376	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

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 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 _____ DATE _____

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

FILE NOW: FEE IS \$61.25 Due By: May 1, 2008	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T GOVERNOR, JAVLIN 3219 PINELLAS PLACE TAMPA FL 33619 <input type="checkbox"/> Delete	TITLE	U00000871956 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/10/08-80017-011 70.00
NAME	GOVERNOR, SANDRA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6217 GONDOLA DR	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	RIVERVIEW FL 33569	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P GOVERNOR, VANCE 6217 GONDOLA DR RIVERVIEW FL 33569 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOVERNOR, SANDRA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6217 GONDOLA DR	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	RIVERVIEW FL 33569	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T COLLINS, CATHERINE 8515 N. ASHLEY TAMPA FL 33604 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, CATHERINE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8515 N. ASHLEY	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TAMPA FL 33604	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S JEFFERSON, RAMONA 3219 PINELLAS PLACE TAMPA FL 33619 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFERSON, RAMONA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3219 PINELLAS PLACE	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TAMPA FL 33619	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T KENRICKS, CYNTHIA 8515 N ASHLEY TAMPA FL 33604 <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENRICKS, CYNTHIA	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8515 N ASHLEY	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	TAMPA FL 33604	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*