

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005822

FILED
Mar 22, 2009
Secretary of State

Entity Name: PEACE RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

2807 CLIFFORD SAMPLE DR
SUITE A
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 489
BRANDON, FL 335090489

New Mailing Address:

FEI Number: 59-3438376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOVERNOR, SANDRA
6217 GONDOLA DRIVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: GOVERNOR, JAVLIN
Address: 3219 PINELLAS PLACE
City-St-Zip: TAMPA, FL 33619

Title: P () Delete
Name: GOVERNOR, SANDRA
Address: 6217 GONDOLA DR
City-St-Zip: RIVERVIEW, FL 33569

Title: V () Delete
Name: GOVERNOR, VANCE
Address: 6217 GONDOLA DR
City-St-Zip: RIVERVIEW, FL 33569

Title: T () Delete
Name: COLLINS, CATHERINE
Address: 8515 N. ASHLEY
City-St-Zip: TAMPA, FL 33604

Title: S () Delete
Name: JEFFERSON, RAMONA
Address: 3219 PINELLAS PLACE
City-St-Zip: TAMPA, FL 33619

Title: T () Delete
Name: KENRICKS, CYNTHIA
Address: 8515 N ASHLEY
City-St-Zip: TAMPA, FL 33604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: GOVERNOR, RAMONA
Address: 3109 E. 33RD AVE
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMONA R. GOVERNOR

MS.

03/22/2009

Electronic Signature of Signing Officer or Director

_____ Date