

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 22, 2009  
Secretary of State

DOCUMENT# N98000005822

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