

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000002183

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC4496873203**

**Entity Name:** PEACE EDUCATION AND ACTION CENTER, INC.

**Current Principal Place of Business:**

525 KUMQUAT COURT  
SARASOTA, FL 34236

**Current Mailing Address:**

P.O. BOX 2540  
SARASOTA, FL 34230 US

**FEI Number:** 20-8474610

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WETHERINGTON, BILLY  
2250 GULF GATE DRIVE  
SUITE C  
SARASOTA, FL 34231 US

*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

**Officer/Director Detail :**

Title D  
Name SWEETING, ARLENE  
Address 3826 ROYAL PALM AVENUE  
City-State-Zip: SARASOTA FL 34234

Title D  
Name BEATON, DAVID  
Address 3706 ROYAL PALM AVENUE  
City-State-Zip: SARASOTA FL 34234

Title D  
Name WETHERINGTON, BILLY  
Address 2250 GULF GATE DRIVE, SUITE C  
City-State-Zip: SARASOTA FL 34231

Title DIRECTOR  
Name CONNORS, ROBERT  
Address 2209 AVENUE B  
City-State-Zip: BRADENTON BEACH FL 34217

Title DIRECTOR  
Name BINDER, TERRY  
Address 310 EAST LAKE DRIVE  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name DICKMAN, JOHN  
Address 6407 MEADOW LARK LANE  
City-State-Zip: SARASOTA FL 34210

Title DIRECTOR  
Name ELLIS, BRYAN  
Address 525 KUMQUAT COURT  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name MUSHEYEV, JULIANA  
Address 525 KUMQUAT COURT  
City-State-Zip: SARASOTA FL 34236

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** ARLENE SWEETING

**DIRECTOR**

**02/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title MR.  
Name MCCLLOUD, JAMES  
Address P.O. BOX 2540  
City-State-Zip: SARASOTA FL 34230