## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 18 1997 8:00am

## Sandra B. Mortham

ANNL	CORPORATION ANNUAL REPORT 1997		Bandra B. Mortham Secretary of State ' DIVISION OF CORPORATIONS			Secretary of State				
1. Corporation	n Name	14777	(0)							
	PETERS CHURC									
Principal Place of Business Mailing Address						1 198164 (888		INGL DINIL GINIL WEDS	#151 #191 BIELL	
1416 SE 2ND TERR DEERFIELD BCH FL 33441 DEERFIELD BCH FL 33441-671										
						06/17/1	rated or Qualified 1968	3a. Date of 03/2	ast Report <b>)/1996</b>	
Principal Place of Business  21			2a, Mailing Address			4. FEI Number 59-121:	5881	}	Applied F Not Applie	
Suite, Apt	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of	Status Desired	7 "	.75 Addition	
City & State	0	28	City & State			6. Election Cam Trust Fund Co			5.00 May Bo	
Zip 24	Cour 25		Zip	Cou	ntry		ion has liability for			
	9. Name and Add	ress of Current Regis	tered Agent			10. Name and A	ddress of New Re	egistered Agent		
					B1 Name					-
BEARD, DOUGLAS					82 Street	dress (P.O. Box Numb	er is Not Accepta	ble)	·····	
4958 NW 48 AVENUE FORT LAUDERDALE FL 33319					83					
LOU! TH	ODENDALE PL 333	110								
3*					84 City			FL 85	Zip Code	1
11. Pursuant	to the provisions of Se	ections 617.0502 and 6	17.1508, Florida Statute	s, the at	ove-named	poration submits this	statement for the	purpose of chan	ging its regist	tered
agent. I a	egistered agent, or bo m tamiliar with, and a	coopt the obligations of	17.1508, Florida Statute da Such change was a Section 617.0503, Flo	rida Stat	o by the corp utes.	ation's board of direct	Ors. I nereby acce	pt the appointme	ent as registe	rea
SIGNATURE .			Douglas I	Bear	l. Pre	ident	Mari	L17,1	997	
12.	Signature, typed or printed or	ome of registered agent and title OFFICERS AND DIRE		13.	Ageni signature	ulred when reinstating) ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRE	CTORS IN 12	
TITLE	PD		DELETE	1.1 10	LE	PD	······································	□ c		dition
NAME	BEARD, DOUGL	AS		1.2 N	ME	BEARD, DOU				2
STREET ADORESS	4958 NW 48 AV			1.3 ST	reet address	4958 NW 48		71		يّا
CHTY-ST-ZIP	FORT LAUDERD	ALE FL	T ocuse		Y-ST-ZIP	Fort Laude	ruare, i		T 1	<u>}</u>
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CITY-ST-ZIP	DEERFIELD BEA				TY-ST-ZIP	Deerfield			^	}
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CITY-ST-ZIP		EK FL 33063-5953			TY-ST-ZIP	Coconut Ci	oek. Fl.	- <del>11069-</del> -		
ture	SD		☐ DELETE	4.1 TI		SD	cor, 12	2202670	nange 🛄 Ad	dition
NAME	HAMMES, REGIN 289 NE 45 CT	NA M		4.2 N		HAMMES, RE	GINA M.			1
STREET ADDRESS CITY-ST-ZIP	POMPANO BCH	EL 33064		1	reet address (Y-ST-ZIP	289 NE 45				
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NAME				5.2 NA		-	<del>-</del>	<b>—</b> ···		1
STREET ADDRESS					REET ADDRESS					-
CITY-ST-ZIP				5.4 CI	Y-ST-ZIP				·	
TITLE			☐ DELETE	6.1 TIT					nange 🔲 Ad	dition
NAME				6.2 NA						
STREET ADORESS				6.3 ST	REET ADDRESS					

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Regina M. Hammes, Secretary

SIGNATURE:

Daytime Phone # 0042721