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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748387 (8)
1. Corporation Name
PEACE IN CHRIST COMMUNITY, INC.

Principal Place of Business Mailing Address
25001 SW 167 AVENUE HOMESTEAD FL 33001
25001 SW 167 AVENUE HOMESTEAD FL 33001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/07/1979
3a. Date of Last Report 04/08/1994

4. FEI Number 59-1941633
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
HOYT, SAMUEL F
16600 SW COCONUT PLM DR.
HOMESTEAD FL 33031

10. Name and Address of New Registered Agent

81 Name HOYT, MARTHA P.
82 Street Address (P.O. Box Number is Not Acceptable) 16600 COCONUT PALM DR
83
84 City HOMESTEAD FL 85 Zip Code 33031

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Martha P. Hoyt* MARTHA P. HOYT TREASURER 3-15-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	HOYT, SAMUEL F JR
STREET ADDRESS	16600 SW COCONUT PLM DR.
CITY-ST-ZIP	HOMESTEAD FL
TITLE	TDV
NAME	HOYT, MARTHA
STREET ADDRESS	16600 SW COCONUT PLM DR.
CITY-ST-ZIP	HOMESTEAD FL
TITLE	D
NAME	HOYT III, SAMUEL F.
STREET ADDRESS	365 TO-TO-LO-CHEE DR
CITY-ST-ZIP	HIALEAH FL
TITLE	SD
NAME	CHEATHAM, MARGUERITE
STREET ADDRESS	16600 SW COCONUT PLM DR.
CITY-ST-ZIP	HOMESTEAD FL
TITLE	D
NAME	CARRION, WILLIAM
STREET ADDRESS	PO BOX 451 N/A
CITY-ST-ZIP	PT SANTIAGO PR
TITLE	D
NAME	PENA, LINDA E
STREET ADDRESS	19011 STERLING DR
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SULLIVAN, DOROTHY T.	
3.3 STREET ADDRESS	313 N.W. 12th St.	
3.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martha P. Hoyt* MARTHA P. HOYT 3-15-95 305-247-2999
Signature and typed or printed name of signing officer or director Date Daytime Phone #