

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

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



| | |
|--|---|
| Principal Place of Business 173 CORRINE PLACE KEY LARGO FL 33037 | Mailing Address 173 CORRINE PLACE KEY LARGO FL 33037-4205 |
|--|---|

| | | | |
|---|----------------------------------|---|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 08/07/1979 | 3a. Date of Last Report 03/19/1996 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1941633 | Applied For <input type="checkbox"/> Not Applicable |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | |
|---|--|--|--------------------|
| 9. Name and Address of Current Registered Agent HOYT, MARTHA P 173 CORRINE PLACE KEY LARGO FL 33037 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| | | FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|---|--|
| TITLE D | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME HOYT, SAMUEL F JR | | 1.2 NAME JAIME SOTO | |
| STREET ADDRESS 173 CORRINE PLACE | | 1.3 STREET ADDRESS 19011 STEALING DR. | |
| CITY-ST-ZIP KEY LARGO FL 33037 | | 1.4 CITY-ST-ZIP MIAMI FL 33157 | |
| TITLE PD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HOYT, MARTHA | | 2.2 NAME | |
| STREET ADDRESS 173 CORRINE PLACE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP KEY LARGO FL 33037 | | 2.4 CITY-ST-ZIP | |
| TITLE TD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME SULLIVAN, DOROTHY T | | 3.2 NAME | |
| STREET ADDRESS 313 N.W. 12TH ST | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP HOMESTEAD FL | | 3.4 CITY-ST-ZIP 33030 | |
| TITLE SD | <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CHEATHAM, MARGUERITE | | 4.2 NAME | |
| STREET ADDRESS 173 CORRINE PLACE | | 4.3 STREET ADDRESS 9412 N.W 39 ST. | |
| CITY-ST-ZIP KEY LARGO FL 33037 | | 4.4 CITY-ST-ZIP SUNRISA FL 33351 | |
| TITLE DV | <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME CARRION, WILLIAM | | 5.2 NAME | |
| STREET ADDRESS 5263 A. STACEY ST | | 5.3 STREET ADDRESS P.O BOX 92454 | |
| CITY-ST-ZIP WEST PALM BCH FL 33417 | | 5.4 CITY-ST-ZIP HOMESTEAD FL 33092 4541 MA | |
| TITLE DV | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PEMBERTON, RICHARD L | | 6.2 NAME | |
| STREET ADDRESS 140 MAPLE ST | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP LXINGTON MA 02173 | | 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.

SIGNATURE: Martina P. Hoyt REQUIRED P. HOYT 2-14-97 305-453-9518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024399

CF2E037 (9/96)