

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90105 037 \*\*\*\*61.25

**DOCUMENT # 748387**

1. Entity Name  
**PEACE IN CHRIST COMMUNITY, INC.**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **59-1941633**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HOYT, MARTHA P**  
**173 CORRINE PLACE**  
**KEY LARGO FL 33037**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SOTO, JAIME</b>
STREET ADDRESS	<b>19011 STERLING DRIVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> Delete
NAME	<b>HOYT, MARTHA</b>
STREET ADDRESS	<b>173 CORRINE PLACE</b>
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>
TITLE	<b>TD</b> <input type="checkbox"/> Delete
NAME	<b>SULLIVAN, DOROTHY T</b>
STREET ADDRESS	<b>313 N.W. 12TH ST</b>
CITY-ST-ZIP	<b>HOMESTEAD FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> Delete
NAME	<b>CHEATHAM, MARGUERITE</b>
STREET ADDRESS	<b>9412 NW 34TH ST</b>
CITY-ST-ZIP	<b>SUNRISE FL</b>
TITLE	<b>DV</b> <input type="checkbox"/> Delete
NAME	<b>CARRION, WILLIAM</b>
STREET ADDRESS	<b>POST OFFICE BOX 924541</b>
CITY-ST-ZIP	<b>HOMESTEAD FL</b>
TITLE	<b>DV</b> <input type="checkbox"/> Delete
NAME	<b>PEMBERTON, RICHARD L</b>
STREET ADDRESS	<b>140 MAPLE ST</b>
CITY-ST-ZIP	<b>LEXINGTON MA 02173</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Mary Huchins</b>
STREET ADDRESS	<b>1325 County Road</b>
CITY-ST-ZIP	<b>Cataumt, MA 02534</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARION O. WATZ REMAINDER HOYT      3-3-00      305-453-9518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)