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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 💪

FILED

Feb 14 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

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CENTER PEACE MINISTRIES, INC. OF NEW JERSEY

Principal Place of Business Mailing Address 682 S.W. FALCON ST. 682 S.W. FALCON ST. PALM CITY FL 34990-4023 PALM CITY FL 34990 3. Date Incorporated or Qualified 3a. Date of Last Report 08/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 22-3182693 Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes 30 ☐ Yes 🔀 No 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name JUSTICE, GILBERT L JR 82 Street Address (P.O. Box Number is Not Acceptable) 682 S.W. FALCON ST. 83 PALM CITY FL 34990 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE $P \setminus D$ 1.1 TITLE Justice, Gilbert L Jr NAME 1.2 NAME 682 S.W. FALCON ST. 1.3 STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE ST, D 2.1 TITLE D JUSTICE, CHRISTINE NAME 2.2 NAME 682 S.W. FALCON ST. 2.3 STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE DIRECTOR TITLE MITH, BHI SMITH, BILL NAME 3.2 NAME 4 MAPLE Road STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADORESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ☐ DELETE ☐ Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

appears in Block 12 or Block 13 if chapged, on on an attachment with an address.

SIGNATURE:
SIGNATURE: SIGNATURE AND TYPE OR PRINTER WARE OF SIGNING OFFICER OF DIRECTOR.

Design Proces 6071700

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