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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08669** (6)

1. Corporation Name

**PEACELETTER FOUNDATION, INC.**



Principal Place of Business

Mailing Address

**4108 ALPINE DR.,  
PO BOX 5415  
GAINESVILLE FL 32602**

**4108 ALPINE DR.,  
PO BOX 5415  
GAINESVILLE FL 32602-5415**

3. Date Incorporated or Qualified  
**04/08/1985**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 **4018 NW 6<sup>TH</sup> STREET**

26 **PO BOX 5415**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **St 1**

27

City & State

City & State

23 **Gainesville FL**

28 **GAINESVILLE FL**

Zip

Country

Zip

Country

24 **32609**

25 **USA**

29 **32627**

30 **USA**

4. FEI Number

**59-2717089**

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSE, MICHAEL  
4108 ALPINE DR.,  
GAINESVILLE FL 32605**

81 Name

**ROSE, Michael**

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

**4018 NW 6<sup>TH</sup> ST**

83

84 City

**GAINESVILLE**

**FL**

85 Zip Code

**32609**

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

*Michael Rose*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/1/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, MICHAEL</b>	1.2 NAME	
STREET ADDRESS	<b>4108 ALPINE DR.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, JEANNIE</b>	2.2 NAME	
STREET ADDRESS	<b>4108 ALPINE DR.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>GAINESVILLE FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, FLOYD</b>	3.2 NAME	
STREET ADDRESS	<b>RTE 1 BOX 322-7</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MICANOPY FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMPSON, LLOYD</b>	4.2 NAME	
STREET ADDRESS	<b>P O BOX 3410 N/A</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOONE NC</b>	4.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOLDSTEIN, JOEL</b>	5.2 NAME	
STREET ADDRESS	<b>22 WEST END</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HILLSDALE NY 12528</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

*Michael Rose*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/1/97** **3523768173**  
Date Daytime Phone #0010730

CR2E037 (9/96)