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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08669** (6)
1. Corporation Name
PEACELETTER FOUNDATION, INC.

Principal Place of Business
**4108 ALPINE DR.,
SUITE 1
GAINESVILLE FL 32609
US**

Mailing Address
**P.O. BOX 5415
GAINESVILLE FL 32628
US**

3. Date Incorporated or Qualified
04/08/1985

4. FEI Number
59-2717089

Applied For
☐ Not Applicable

2. Principal Place of Business
21 **4018 NW 6th St**
Suite, Apt. #, etc.
22 **Suite 1**
City & State
23 **Gainesville FL**
Zip
24 **32609** Country
25 **USA**

2a. Mailing Address
26 **PO BOX 5415**
Suite, Apt. #, etc.
27
City & State
28 **Gainesville FL**
Zip
29 **32627** Country
30 **USA**

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
**ROSE, MICHAEL
4108 ALPINE DR.,
GAINESVILLE FL 32605**

10. Name and Address of New Registered Agent
81 Name **Michael Rose**
82 Street Address (P.O. Box Number is Not Acceptable)
4018 NW 6th St.
83 **Suite 1**
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* **Michael Rose** 4/27/98
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	D	<input type="checkbox"/> DELETE
NAME	ROSE, MICHAEL	
STREET ADDRESS	4108 ALPINE DR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROSE, JEANNIE	
STREET ADDRESS	4108 ALPINE DR.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMPSON, FLOYD	
STREET ADDRESS	RTE 1 BOX 322-7	
CITY-ST-ZIP	MICANOPY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, LLOYD	
STREET ADDRESS	P O BOX 3410 N/A	
CITY-ST-ZIP	BOONE NC	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, JOEL	
STREET ADDRESS	22 WEST END	
CITY-ST-ZIP	HILLSDALE NY 12528	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D Rose, Michael
1.3 STREET ADDRESS	PO BOX 5127 (N/A)
1.4 CITY-ST-ZIP	Gainesville FL 32627
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* **Michael Rose** 4/27/98
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0011500

CR2E037 (10/97)