


FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # N20033 (9)**

1. Corporation Name  
**PEACE PLACE - A LIVING EXPERIENCE, INC.**

|  |  |
|--|--|
| Principal Place of Business<br><b>% GEORGIANNA H. LOWEN<br/>1212 S.W. 21ST STREET<br/>FORT LAUDERDALE FL 33315</b> | Mailing Address<br><b>% GEORGIANNA H. LOWEN<br/>1212 S.W. 21ST STREET<br/>FORT LAUDERDALE FL 33315</b> |
|--|--|



|  |  |
|--|--|
| 2. Principal Place of Business<br><b>21 66 ELIZABETH HIGHTON<br/>Suite, Apt. #, etc.</b> | 2a. Mailing Address<br><b>26 % ELIZABETH HIGHTON<br/>Suite, Apt. #, etc.</b> |
| <b>22 102-24 Royal Park Dr.<br/>City &amp; State</b>                                     | <b>27 102-24 Royal Park Drive<br/>City &amp; State</b>                       |
| <b>23 FT. LAUDERDALE FL<br/>Zip 33309 Country USA</b>                                    | <b>28 FT. LAUDERDALE FL<br/>Zip 33309 Country USA</b>                        |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>04/07/1987</b>  |  |
| 4. FEI Number<br><b>65-0003782</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent  
**LOWEN, GEORGIANNA H.  
1212 S.W. 21ST STREET  
FORT LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name<br><b>ELIZABETH W. HIGHTON</b>  |
| 82 Street Address (P.O. Box Number Is Not Acceptable)<br><b>102-24 Royal Park Dr.</b> |
| 83  |
| 84 City<br><b>FT. LAUDERDALE</b>  |
| 85 Zip Code<br><b>FL 33309</b>  |

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 **ELIZABETH W. HIGHTON** *Elizabeth W. Highton* **05/01/98**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | PD                      | <input type="checkbox"/> DELETE            |
| NAME           | WEST, BARBARA           |  |
| STREET ADDRESS | 2132 N.E. 9TH AVE       |  |
| CITY-ST-ZIP    | FT. LAUDERDALE FL       |  |
| TITLE          | VD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | MARKS, JULIENNE         |  |
| STREET ADDRESS | 3085 N.W. 109 AVENUE    |  |
| CITY-ST-ZIP    | SUNRISE FL              |  |
| TITLE          | SD                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | MELIUS, HEIDI           |  |
| STREET ADDRESS | 885 NW 21ST ST          |  |
| CITY-ST-ZIP    | WILTON MANORS FL        |  |
| TITLE          | D                       | <input type="checkbox"/> DELETE            |
| NAME           | GOODWIN, ARLYNE         |  |
| STREET ADDRESS | 1920 N. 53RD AVENUE     |  |
| CITY-ST-ZIP    | HOLLYWOOD FL            |  |
| TITLE          | TD                      | <input type="checkbox"/> DELETE            |
| NAME           | SIEGEL, MARION          |  |
| STREET ADDRESS | 1015 COUNTRY CLUB DRIVE |  |
| CITY-ST-ZIP    | MARGATE FL              |  |
| TITLE          |                         | <input type="checkbox"/> DELETE            |
| NAME           |                         |  |
| STREET ADDRESS |                         |  |
| CITY-ST-ZIP    |                         |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                          |  |
|--------------------|--------------------------|--|
| 1.1 TITLE          | D                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                          |  |
| 1.3 STREET ADDRESS |                          |  |
| 1.4 CITY-ST-ZIP    |                          |  |
| 2.1 TITLE          | PD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | LUISE TWORGER            |  |
| 2.3 STREET ADDRESS | 2009 S.E. 26 AVE.        |  |
| 2.4 CITY-ST-ZIP    | FT. LAUDERDALE FL. 33316 |  |
| 3.1 TITLE          | TD                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | ELIZABETH HIGHTON        |  |
| 3.3 STREET ADDRESS | 102-24 ROYAL PARK DR.    |  |
| 3.4 CITY-ST-ZIP    | FT. LAUDERDALE FL 33309  |  |
| 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          | D                        | <input checked="" 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)(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 **ELIZABETH W. HIGHTON** *Elizabeth W. Highton* **05/01/98**

CR2E037 (10/97)