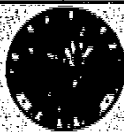


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 11:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N27466

(4)

1. Corporation Name

THE TREASURE COAST PEACE AND JUSTICE CENTER, INC

Principal Place of Business

Mailing Address

**C/O BERNICE ARCHIBALD
170 CAMINO DEL RIO
PORT ST. LUCIE FL 34952**

**C/O BERNICE ARCHIBALD
170 CAMINO DEL RIO
PORT ST. LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

07/18/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0107519

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARCHIBALD, BERNICE
170 CAMINO DEL RIO
PORT ST. LUCIE FL 34952**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BROUGHTON, F. ELIZABETH
STREET ADDRESS	1117 S.E. STEWART RD.
CITY- ST- ZIP	PORT ST. LUCIE FL
TITLE	VD
NAME	HENSLEY, KATHRYN
STREET ADDRESS	117 NE SURFSIDE AVE.
CITY- ST- ZIP	PORT ST. LUCIE FL
TITLE	D
NAME	BAGLEY, NANCY D.
STREET ADDRESS	5505 S. INDIAN RIVER DR.
CITY- ST- ZIP	FT. PIERCE FL
TITLE	D
NAME	ARCHIBALD, BERNICE
STREET ADDRESS	170 CAMINO DEL RIO
CITY- ST- ZIP	PORT ST. LUCIE FL
TITLE	D
NAME	ARCHIBALD, DONALD
STREET ADDRESS	170 CAMINO DEL RIO
CITY- ST- ZIP	PORT ST. LUCIE FL
TITLE	D
NAME	BAGLEY, BRUCE W.
STREET ADDRESS	5505 S. INDIAN RIVER DR.
CITY- ST- ZIP	FT. PIERCE FL

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	HORWITZ JULES	
1.3 STREET ADDRESS	7301 HIBISCUS RD.	
1.4 CITY- ST- ZIP	FT. PIERCE, FL. 34951	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	HORWITZ ELIZABETH	
2.3 STREET ADDRESS	7301 HIBISCUS RD.	
2.4 CITY- ST- ZIP	FT. PIERCE, FL. 34951	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Bernice Archibald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 1995 (407) 878-0026

Date

Daytime Phone #