FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

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

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 ☑ $60.75 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☐ Change ☒ Addition
NAME	BROUHGHTON, F. ELIZABETH	1.2 NAME	HORWITZ JULES	
STREET ADDRESS	1117 S.E. STEWART RD.	1.3 STREET ADDRESS	7301 HIBISCUS RD.	
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	FT. PIERCE, FL. 34951	
TITLE	VD	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HENSLEY, KATHRYN	2.2 NAME	HORWITZ ELIZABETH	
STREET ADDRESS	117 NE SURFSIDE AVE.	2.3 STREET ADDRESS	7301 HIBISCUS RD.	
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	FT. PIERCE, FL. 34951	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BAGLEY, NANCY D.	3.2 NAME		
STREET ADDRESS	5505 S.INDIAN RIVER DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ARCHIBALD, BERNICE	4.2 NAME		
STREET ADDRESS	170 CAMINO DEL RIO	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	ARCHIBALD, DONALD	5.2 NAME		
STREET ADDRESS	170 CAMINO DEL RIO	5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BAGLEY, BRUCE W.	6.2 NAME		
STREET ADDRESS	5505 S. INDIAN RIVER DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	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 119.07(3)(k), 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 — April 5, 1995 — (407) 878-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #