

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N27466 (4)**
1. Corporation Name
THE TREASURE COAST PEACE AND JUSTICE CENTER, INC



Principal Place of Business: **C/O BERNICE ARCHIBALD 170 CAMINO DEL RIO PORT ST. LUCIE FL 34952**
Mailing Address: **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: **04/18/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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

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
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 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: *Bernice Archibald* (NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	ELIZABETH HOROWITZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROUGHTON, F. ELIZABETH	1.2 NAME	7301 Hibiscus Rd.
STREET ADDRESS	1117 S.E. STEWART RD.	1.3 STREET ADDRESS	FORT PIERCE, FL. 34951
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	HOROWITZ JULES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSLEY, KATHRYN	2.2 NAME	7301 Hibiscus Rd.
STREET ADDRESS	117 NE SURFSIDE AVE.	2.3 STREET ADDRESS	FORT PIERCE, FL 34951
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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* 3-12-96 407-878-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)