

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N37325** (0)
1. Corporation Name

CHRISTHAVEN FELLOWSHIP OF PEACE, INC.

Principal Place of Business

**124 N.W. MEEHAN AVENUE
PORT CHARLOTTE FL 33952**

Mailing Address

**124 N.W. MEEHAN AVENUE
PORT CHARLOTTE FL 33952**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/23/1990** 3a. Date of Last Report **01/25/1996**

2. Principal Place of Business 2a. Mailing Address
21 **21306 Meehan Ave** 26 **21306 Meehan Ave**
4. FEI Number **65-0238097** ☒ Applied For
Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State **Port Charlotte FL** 28 City & State **Port Charlotte FL**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **33952** 25 Country **Charlotte** 29 Zip **33952** 30 Country **Charlotte**
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

**GREEN, JESSE W
124 NW MEEHAN AVE
PORT CHARLOTTE FL 33952**

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JESSE W.	1.2 NAME	
STREET ADDRESS	124 N.W. MEEHAN AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOICOECHEA, JENNIE S	2.2 NAME	
STREET ADDRESS	170 SW 51ST TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRECO, JOAN	3.2 NAME	
STREET ADDRESS	610 VICTORIA DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JESSE W	4.2 NAME	
STREET ADDRESS	124 NW MEEHAN AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATTISTA, CATHERINE	5.2 NAME	
STREET ADDRESS	628 SE 19TH LANE	5.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHAN, BART	6.2 NAME	
STREET ADDRESS	1815 SE 11TH AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL FL	6.4 CITY - ST - ZIP	

14. I do 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 REQUIRED

CR2E037 (4/97)