FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 2:42

DOCUMENT # **N46633** **(6)**

1. Corporation Name
FLORIDA COALITION FOR PEACE AND JUSTICE, INC.

Principal Place of Business	Mailing Address
847 HIGHLAND AVENUE SUITE 1-B ORLANDO FL 32803	847 HIGHLAND AVENUE SUITE 1-B ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1991
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-3104910 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
21 HC 01 Box 161	26 PO Box 90035	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State 23 Hampton	City & State 28 Gainesville	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip 24 32044 Country 25 Bradford	Zip 29 32607 Country 30 Alachua	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GAGNON, BRUCE
847 HIGHLAND AVENUE
SUITE 1-B
ORLANDO FL 32803

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 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	11 TITLE	D and Treasurer	☐ Change ☒ Addition
NAME	MCINTIRE, PEG	12 NAME		
STREET ADDRESS	4600 A1A SO LP 2-1	13 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, VICKI	22 NAME		
STREET ADDRESS	2230 53RD AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D + President	☐ Change ☒ Addition
NAME	SWEENEY, JAN	32 NAME		
STREET ADDRESS	POST OFFICE BOX 520	33 STREET ADDRESS		
CITY ST ZIP	OVIEDO FL	34 CITY ST ZIP		
TITLE	D	41 TITLE	D + Secretary	☒ Change ☒ Addition
NAME	GAGNON, BRUCE	42 NAME	Bruce Gagnon	
STREET ADDRESS	847 HIGHLAND AVENUE 1-B	43 STREET ADDRESS	6929 W. University Ave #E	
CITY ST ZIP	ORLANDO FL	44 CITY-ST-ZIP	Gainesville Fl 32607	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	VAN DER HORST, MARY C.	52 NAME		
STREET ADDRESS	3403 ROSEMARY ST.	53 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	KENYON, ELE	62 NAME		
STREET ADDRESS	4322 WATERFRONT PARKWAY	63 STREET ADDRESS		
CITY ST ZIP	ORLANDO FL	64 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)(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: B K Gagnon 4-10-95 904-468-3295
DIGITAL/IR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bruce K. Gagnon

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