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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46633

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

Principal Place of Business	Mailing Address
HC-01 BOX 161 HAMPTON FL 32044 US	PO BOX 90035 GAINESVILLE FL 32607 US

[redacted]

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	12/23/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3104910 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MOSLEY, CAROL 3010 SE 24TH PL GAINESVILLE FL 32641	81 Name: CAROL MOSLEY 82 Street Address (P.O. Box Number is Not Acceptable): 10121 SW 109 AVE 83 84 City: HAMPTON FL 85 Zip Code: 32044

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 _____ 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	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCINTIRE, PEG		1.2 NAME		
STREET ADDRESS	4600 A1A SO LP 2-1		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		1.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EHRLICH, TONY		2.2 NAME		
STREET ADDRESS	96 HILLDALE AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		2.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, LANCE		3.2 NAME		
STREET ADDRESS	940 MINNESOTA AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHUTZ, ERIC		4.2 NAME		
STREET ADDRESS	2020 LEANNE CT.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		4.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VAN DER HORST, MARY C.		5.2 NAME		
STREET ADDRESS	3403 ROSEMARY ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KENYON, ELE		6.2 NAME		
STREET ADDRESS	4322 WATERFRONT PARKWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: Mary C. Van der Horst SIGNATURE REQUIRED Mary C. Van der Horst 5-3-99 (904)764-2046
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1 of 1
5/24/99

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