

# 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 # N95000001709 (3)**

1. Corporation Name

**CENTERPEACE MINISTRIES, INC.**



Principal Place of Business

Mailing Address

**1801 SOUTH FEDERAL HIGHWAY  
SUITE 310  
DELRAY BEACH FL**

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SUITE 310  
DELRAY BEACH FL**

3. Date Incorporated or Qualified  
**04/10/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

**65-0568233**

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYD, JAMES  
243 NE 5TH AVENUE  
DELRAY BEACH FL 33483**

81

Name **Boyd, JAMES**

82

Street Address (P.O. Box Number is Not Acceptable)  
**415 Andrews Ave.**

83

84

City **DELRAY BEACH**

**FL**

Zip Code **33483**

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 running)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **ALLEN, SANDRA G**  
STREET ADDRESS **2815 SW 4TH STREET**  
CITY-ST-ZIP **BOYNTON BEACH FL 33435**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **BOYD, JAMES**  
STREET ADDRESS **415 ANDREWS AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HICKEM, CATHERINE T**  
STREET ADDRESS **1801 S FEDERAL HWY SUITE 310**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **JAMES, GWENDOLYN L**  
STREET ADDRESS **5228 LAKE OSBORNE DR**  
CITY-ST-ZIP **LAKE WORTH FL 33461**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **STACY, PATRICIA H**  
STREET ADDRESS **2183 DEER CREEK WAY**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **TWITTY, MARY F**  
STREET ADDRESS **5951 WELLESLEY PK DR. #305**  
CITY-ST-ZIP **BOCA RATON FL 33433**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/96**

**407-276-0876**

CR2E037 (12/95)