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May 19 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 FL1801 SOUTH FEDERAL HIGHWAY
SUITE 310
DELRAY BEACH FL 33483-33353. Date Incorporated or Qualified
04/10/19953a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 44 S.E 2nd St.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

City & State

23 Delray Beach FL

27

Zip

Country

Zip

Country

24 33483

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYD, JAMES
415 ANDREWS AVE.
DELRAY BEACH FL 33483

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84

City BOCA RATON

FL

85 Zip Code 33486

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, printed name of registered agent and office if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D Vice Pres. ☐ DELETE
NAME ALLEN, SANDRA G
STREET ADDRESS 2815 SW 4TH STREET
CITY-ST-ZIP BOYNTON BEACH FL 334351.1 TITLE Neil Hickem / D ☐ Change ☒ Addition
1.2 NAME 14910 51st Terr. So.
1.3 STREET ADDRESS Delray Beach, FL 33484
1.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME BOYD, JAMES
STREET ADDRESS 415 ANDREWS AVENUE
CITY-ST-ZIP DELRAY BEACH FL 334832.1 TITLE J / Tres. ☐ Change ☒ Addition
2.2 NAME August Brown
2.3 STREET ADDRESS 870 NW 6th Dr.
2.4 CITY-ST-ZIP Boca Raton, FL 33486TITLE D / Pres. ☐ DELETE
NAME HICKEM, CATHERINE T
STREET ADDRESS 1801 S FEDERAL HWY SUITE 310
CITY-ST-ZIP DELRAY BEACH FL 334833.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Vanessa Hewko
3.3 STREET ADDRESS 761 Dory Rd. So.
3.4 CITY-ST-ZIP North Palm Beach, FL 33408TITLE D ☒ DELETE
NAME JAMES, GWENDOLYN L
STREET ADDRESS 5228 LAKE OSBORNE DR
CITY-ST-ZIP LAKE WORTH FL 334814.1 TITLE D ☐ Change ☒ Addition
4.2 NAME DIANA MASULLO
4.3 STREET ADDRESS 10752 MAPLE CHASE DR.
4.4 CITY-ST-ZIP BOCA RATON, FL 33498TITLE D ☒ DELETE
NAME STACY, PATRICIA H
STREET ADDRESS 2183 DEER CREEK WAY
CITY-ST-ZIP DEERFIELD BEACH FL 334425.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D Secy. ☐ DELETE
NAME TWITTY, MARY F
STREET ADDRESS 5951 WELLESLEY PK DR. #305
CITY-ST-ZIP BOCA RATON FL 334336.1 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1997 561-637-4843

CR2E037 (9/96)