

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001709

FILED
Apr 16, 2007
Secretary of State

Entity Name: CENTERPEACE MINISTRIES, INC.

Current Principal Place of Business:

1551 W CAMINO REAL
BOCA RATON, FL 33486

New Principal Place of Business:

1191 N FEDERAL HIGHWAY
#120
DELRAY BEACH, FL 33483

Current Mailing Address:

1191 N FEDERAL HIGHWAY
#120
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 65-0568233 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HICKEM, CATHERINE
2201 N SWINTON AVENUE
DELRAY BEACH, FL 33444 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HICKEM, CATHERINE
Address: 2201 N SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: TD () Delete
Name: CHAPLIN, BONNIE
Address: 1700 S OCEAN BOULEVARD 4-B
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: PD () Delete
Name: THOMAS, JENNIFER
Address: 1568 VICTORIA ISLE WAY
City-St-Zip: WESTON, FL 33327

Title: SD () Delete
Name: SEDLACEK, CYNTHIA
Address: 2641 NW 48TH ST
City-St-Zip: BOCA RATON, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CATHERINE T HICKEM

VD

04/16/2007

Electronic Signature of Signing Officer or Director

Date