

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90031 050 ****61.25

DOCUMENT # N95000001709

1. Entity Name
CENTERPEACE MINISTRIES, INC.



Principal Place of Business
**1191 N FEDERAL HIGHWAY
#120
DELRAY BEACH, FL 33483**

Mailing Address
**1191 N FEDERAL HIGHWAY
#120
DELRAY BEACH, FL 33483**

DO NOT WRITE IN THIS SPACE



04142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0568233

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HICKEM, CATHERINE
STREET ADDRESS	2201 N SWINTON AVENUE
CITY-ST-ZIP	DELRAY BEACH, FL 33444
TITLE	TD
NAME	CHAPLIN, BONNIE
STREET ADDRESS	1700 S OCEAN BOULEVARD 4-B
CITY-ST-ZIP	LAUDERDALE BY THE SEA, FL 33062
TITLE	PD
NAME	THOMAS, JENNIFER
STREET ADDRESS	1568 VICTORIA ISLE WAY
CITY-ST-ZIP	WESTON, FL 33327
TITLE	SD
NAME	SEDLACEK, CYNTHIA
STREET ADDRESS	2641 NW 48TH ST
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #