

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90232 033 \*\*\*\*\*61.25

**DOCUMENT # N95000001709**

1. Entity Name

**CENTERPEACE MINISTRIES, INC.**



Principal Place of Business

**355 N.E. 5TH AVE.  
SUITE 5  
DELRAY BEACH FL 33483**

Mailing Address

**P.O. BOX 2977  
DELRAY BEACH FL 33447-2977**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0568233**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HICKEM, CATHERINE  
355 N.E. 5TH AVE.  
SUITE 5  
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**5/19/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
NAME **HEWKO, VANESSA**  
STREET ADDRESS **761 DORY ROAD**  
CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE **D** ☐ Change ☒ Addition  
NAME **Burke, John**  
STREET ADDRESS **1012 Bay Street**  
CITY-ST-ZIP **Delray Beach, FL 33483**

TITLE **D** ☐ Delete  
NAME **HICKEM, NEIL**  
STREET ADDRESS **15080 HARRISON ROAD**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **C** ☐ Change ☒ Addition  
NAME **Groeneveld, Debbie**  
STREET ADDRESS **1941 N.E. 56th Court**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33308**

TITLE **PD** ☐ Delete  
NAME **HICKEM, CATHERINE**  
STREET ADDRESS **15080 HARRISON ROAD**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **TD** ☐ Change ☒ Addition  
NAME **Kassing, John**  
STREET ADDRESS **3801 N.E. 28th Ave.**  
CITY-ST-ZIP **Lighthouse Point, FL 33064**

TITLE **TD** ☒ Delete  
NAME **DAVIDSON, TIM**  
STREET ADDRESS **2000 NW 44TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33309**

TITLE **SD** ☐ Change ☒ Addition  
NAME **Montgomery, Sharon**  
STREET ADDRESS **1564 SW 6th Avenue**  
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **VPD** ☐ Delete  
NAME **FREEMAN, W. G**  
STREET ADDRESS **1200 S.W. 19TH AVE**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33486**

TITLE **D** ☐ Change ☒ Addition  
NAME **Brown, Debbie**  
STREET ADDRESS **599 S.W. 16th Street**  
CITY-ST-ZIP **Boca Raton, FL 33432**

TITLE **SD** ☒ Delete  
NAME **TWITTY, MARY**  
STREET ADDRESS **6465 BOCA CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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 REQUIRED**

**3/19/03**

CR2E037 (10/02)