

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002626 (8)

1. Corporation Name

MASTER'S PEACE MINISTRIES, INC.

Principal Place of Business

1101 E OCEAN BLVD
C/O DONALD S. WHITE
STUART FL 34996

Mailing Address

1101 E OCEAN BLVD
C/O DONALD S. WHITE
STUART FL 34996



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
05/31/1995	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

THOMAS, JEFFREY F
789 S FEDERAL HWY SUITE 209
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name Philip Luce
82 Street Address (P.O. Box Number is Not Acceptable) 1101 E. Ocean Blvd.
83
84 Stuart FL 85 Zip Code 34996

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

Philip Luce Philip Luce Secretary/Director

25 April 1996

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEGRON, GRACI	1.2 NAME	
STREET ADDRESS	A-0024 P O BOX 669004	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	VSTD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, DONALD	2.2 NAME	White, Donald
STREET ADDRESS	1101 E OCEAN BLVD	2.3 STREET ADDRESS	1101 E. Ocean Blvd
CITY-ST-ZIP	STUART FL 34996	2.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, JEFFREY	3.2 NAME	Luce, Philip
STREET ADDRESS	789 S FEDERAL HWY #209	3.3 STREET ADDRESS	2702 S.W. Matheson Ave. Apt 81
CITY-ST-ZIP	STUART FL 34994	3.4 CITY-ST-ZIP	Palm City, FL 34990
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Garra more Roger
STREET ADDRESS		4.3 STREET ADDRESS	4181 SE St. Lucie Blvd
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Stuart, FL 34997
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Combs, Pamela
STREET ADDRESS		5.3 STREET ADDRESS	2357 SW Wynnewood St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Port St. Lucie, FL 34953
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	200001853612
STREET ADDRESS		6.3 STREET ADDRESS	-06/06/96--01053--051
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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:

Donald S. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96 (407) 283-2420

Date

Daytime Phone #

CR2E037 (12/95)