

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

3. Date Incorporated or Qualified

**05/31/1995**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29 30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LUCE, PHILIP  
1101 E OCEAN BLVD  
STUART FL 34996**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 or printed name and registered agent and title if applicable)

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, DONALD	
STREET ADDRESS	1101 E OCEAN BLVD	
CITY - ST - ZIP	STUART FL 34996	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, DONALD	
STREET ADDRESS	1101 E OCEAN BLVD	
CITY - ST - ZIP	STUART FL 34996	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LUCE, PHILIP	
STREET ADDRESS	2702 SW MATHESON AVE, APT G1	
CITY - ST - ZIP	PALM CITY FL 34960	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GARRAMORE, ROGER	
STREET ADDRESS	4181 SE ST LUCIE BLVD	
CITY - ST - ZIP	STUART FL 34997	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COMBS, PAMELA	
STREET ADDRESS	2357 SW WYNNEWOOD ST	
CITY - ST - ZIP	PORT ST LUCIE FL 34953	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Scott Scherer	
1.3 STREET ADDRESS	8945 SE Panama Circle	
1.4 CITY - ST - ZIP	Stuart, FL 33455	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Philip Luce	
2.3 STREET ADDRESS	2702 SW Matheson Ave, Apt. G1	
2.4 CITY - ST - ZIP	Palm City, FL 34960	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Laurie Daniel	
3.3 STREET ADDRESS	4420 SW Athena Dr.	
3.4 CITY - ST - ZIP	Port St. Lucie, FL 34953	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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:

*Philip Luce* Philip Luce

4/Feb/98

CF2E037 (10/97)