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FILED
Apr 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005168 (7)

1. Corporation Name

THE PEACE ORPHANAGE FUND, INC.

Principal Place of Business

Mailing Address

516 BIANCA COURT
ALTAMONTE SPRINGS FL 32701

516 BIANCA COURT
ALTAMONTE SPRINGS FL 32701-6816

3. Date Incorporated or Qualified
10/04/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

59-3407041

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUDOBA-LEWIS, SUSAN J
516 BIANCA COURT
ALTAMONTE SPRINGS FL 32701

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 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 D ☐ DELETE

NAME HUODOBA-LEWIS, SUSAN J
STREET ADDRESS 516 BIANCA COURT
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LAWLESS, WILLIAM F
STREET ADDRESS 905 SPRING VALLEY ROAD
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SARTA, JONATHAN T
STREET ADDRESS 404 WHITEWING CIRCLE
CITY-ST-ZIP CLERMONT FL 34711

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME THURMAN, CINDY H
STREET ADDRESS 237 ARNOLD AVENUE
CITY-ST-ZIP LONGWOOD FL 32750

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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:

Susan J. Hudoba-Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/97 (417) 331-6256
Date Daytime Phone #0012551

CR2E037 (9/96)