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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20033 (9)

1. Corporation Name
PEACE PLACE - A LIVING EXPERIENCE, INC.

Principal Place of Business % GEORGIANNA H. LOWEN 1212 S.W. 21ST STREET FORT LAUDERDALE FL 33315	Mailing Address % GEORGIANNA H. LOWEN 1212 S.W. 21ST STREET FORT LAUDERDALE FL 33315
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2. Principal Place of Business 21 66 ELIZABETH HIGHTON Suite, Apt. #, etc.	2a. Mailing Address 26 % ELIZABETH HIGHTON Suite, Apt. #, etc.
22 102-24 Royal Park Dr. City & State	27 102-24 Royal Park Drive City & State
23 Ft. Lauderdale FL Zip 33309 Country USA	28 Ft. Lauderdale FL Zip 33309 Country USA

3. Date Incorporated or Qualified 04/07/1987	
4. FEI Number 65-0003782	Applied For ☐ 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	
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
**LOWEN, GEORGIANNA H.
1212 S.W. 21ST STREET
FORT LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

81 Name ELIZABETH W. HIGHTON
82 Street Address (P.O. Box Number Is Not Acceptable) 102-24 Royal Park Dr.
83
84 City Ft. Lauderdale
85 Zip Code FL 33309

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 **ELIZABETH W. HIGHTON** *Elizabeth W. Highton* **05/01/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	NAME WEST, BARBARA	☐ DELETE
STREET ADDRESS 2132 N.E. 9TH AVE		
CITY-ST-ZIP FT. LAUDERDALE FL		
TITLE VD	NAME MARKS, JULIENNE	☒ DELETE
STREET ADDRESS 3085 N.W. 109 AVENUE		
CITY-ST-ZIP SUNRISE FL		
TITLE SD	NAME MELIUS, HEIDI	☒ DELETE
STREET ADDRESS 885 NW 21ST ST		
CITY-ST-ZIP WILTON MANORS FL		
TITLE D	NAME GOODWIN, ARLYNE	☐ DELETE
STREET ADDRESS 1920 N. 53RD AVENUE		
CITY-ST-ZIP HOLLYWOOD FL		
TITLE TD	NAME SIEGEL, MARION	☐ DELETE
STREET ADDRESS 1015 COUNTRY CLUB DRIVE		
CITY-ST-ZIP MARGATE FL		
TITLE	NAME	☐ DELETE
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE PD	☐ Change ☒ Addition
2.2 NAME LUISE TWORGER	
2.3 STREET ADDRESS 2009 S.E. 26 AVE.	
2.4 CITY-ST-ZIP FT. LAUDERDALE FL. 33316	
3.1 TITLE TD	☐ Change ☒ Addition
3.2 NAME ELIZABETH HIGHTON	
3.3 STREET ADDRESS 102-24 ROYAL PARK DR.	
3.4 CITY-ST-ZIP FT. LAUDERDALE FL 33309	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D	☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 *Elizabeth W. Highton* **05/01/98**

CR2E037 (10/97)