

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 700005 (2)
1. Corporation Name
PEACE RIVER AND PALM SHORES SOCIAL CLUB, INC.



Principal Place of Business: 29075 RIVERVIEW LANE, PUNTA GORDA FL 33982-8535
Mailing Address: 29075 RIVERVIEW LANE, PUNTA GORDA FL 33982-8535

3. Date Incorporated or Qualified: 10/04/1969
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2344981
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent

BROWN, R. RODNEY
29095 RIVERVIEW LANE
PUNTA GORDA FL 33982

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	HAYDEN, JOHN J. <input checked="" type="checkbox"/> DELETE	1.1 TITLE: P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	261 SUMMERSET DR.	1.2 NAME:	Ubel, John
STREET ADDRESS:	PUNTA GORDA FL	1.3 STREET ADDRESS:	28388 Coco Palm Dr.
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	Punta Gorda, FL
TITLE: VD	CONKRIGHT, TERRY <input checked="" type="checkbox"/> DELETE	2.1 TITLE: V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	28482 COCO PALM DR.	2.2 NAME:	Phillips, Jack
STREET ADDRESS:	PUNTA GORDA FL	2.3 STREET ADDRESS:	29260 Alfaretta Ave.
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	Punta Gorda, FL
TITLE: TD	MOHLMASTER, DONALD <input type="checkbox"/> DELETE	3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	155 SUMMERSET DR	3.2 NAME:	Aldrich, Bud
STREET ADDRESS:	PUNTA GORDA FL	3.3 STREET ADDRESS:	28411 Coco Palm Dr.
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	Punta Gorda, FL
TITLE: D	DONOHUE, BILL <input type="checkbox"/> DELETE	4.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:	195 SUMMERSET DRIVE	4.2 NAME:	Arndt, Robert
STREET ADDRESS:	PUNTA GORDA FL	4.3 STREET ADDRESS:	28427 Coco Palm Dr.
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	Punta Gorda, FL
TITLE: SD	RHODES, SUSAN <input checked="" type="checkbox"/> DELETE	5.1 TITLE: S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	459 RIDGECREST DR.	5.2 NAME:	Nail, Diane
STREET ADDRESS:	PUNTA GORDA FL	5.3 STREET ADDRESS:	471 Ridgcrest Dr.
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	Punta Gorda, FL
TITLE: D	RHODES, RICKY L D (add) <input checked="" type="checkbox"/> DELETE	6.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	Chapman, Lewis	6.2 NAME:	Smith, David
STREET ADDRESS:	390 Rio Vista	6.3 STREET ADDRESS:	245 Wilmers Rd.
CITY-ST-ZIP:	Punta Gorda, FL	6.4 CITY-ST-ZIP:	Punta Gorda, FL

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: *Diane Nail* Diane Nail April 28, 1996 (941)575-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)