

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

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAYDEN, JOHN J.	
STREET ADDRESS	261 SUMMERSET DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CONKRIGHT, TERRY	
STREET ADDRESS	28482 COCO PALM DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOHLMASTER, DONALD	
STREET ADDRESS	155 SUMMERSET DR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONOHUE, BILL	
STREET ADDRESS	195 SUMMERSET DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RHODES, SUSAN	
STREET ADDRESS	459 RIDGECREST DR.	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RHODES, RICKY L	
STREET ADDRESS	459 RIDGECREST DR.	
CITY-ST-ZIP	PUNTA GORDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ubel, John	
1.3 STREET ADDRESS	28388 Coco Palm Dr.	
1.4 CITY-ST-ZIP	Punta Gorda, FL	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Phillips, Jack	
2.3 STREET ADDRESS	29260 Alfaretta Ave.	
2.4 CITY-ST-ZIP	Punta Gorda, FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Aldrich, Bud	
3.3 STREET ADDRESS	28411 Coco Palm Dr.	
3.4 CITY-ST-ZIP	Punta Gorda, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Arndt, Robert	
4.3 STREET ADDRESS	28427 Coco Palm Dr.	
4.4 CITY-ST-ZIP	Punta Gorda, FL	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Nail, Diane	
5.3 STREET ADDRESS	471 Ridgcrest Dr.	
5.4 CITY-ST-ZIP	Punta Gorda, FL	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Smith, David	
6.3 STREET ADDRESS	245 Wilmers Rd.	
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)