

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 700005 (2)

1. Corporation Name

PEACE RIVER AND PALM SHORES SOCIAL CLUB, INC.

Principal Place of Business

Mailing Address

29075 RIVERVIEW LANE  
PUNTA GORDA FL 33982-853529075 RIVERVIEW LANE  
PUNTA GORDA FL 33982-85353. Date Incorporated or Qualified  
10/04/19693a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2344981

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

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

81 Name

WILLIAM DONAHUE

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

195 SUMMERSET DR

83

84 City

PUNTA GORDA

FL

85 Zip Code

33982

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

*William Donahue*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	UBEL, JOHN	
STREET ADDRESS	28388 COCO PALM DR	
CITY - ST - ZIP	PUNTA GORDA FL	

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EUGENE COY	
1.3 STREET ADDRESS	385 EVERGREEN ST.	
1.4 CITY - ST - ZIP	PUNTA GORDA FL 33982	

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, JACK	
STREET ADDRESS	29260 ALFARETTA AVE	
CITY - ST - ZIP	PUNTA GORDA FL	

2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TERRY CONKRIGHT	
2.3 STREET ADDRESS	28482 COCO PALM DR	
2.4 CITY - ST - ZIP	PUNTA GORDA FL 33982	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOHLMASTER, DONALD	
STREET ADDRESS	155 SUMMERSET DR	
CITY - ST - ZIP	PUNTA GORDA FL	

3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHIRLEY JACKSON	
3.3 STREET ADDRESS	183 ASTOR CIRCLE	
3.4 CITY - ST - ZIP	PUNTA GORDA FL 33982	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONAHUE, BILL	
STREET ADDRESS	195 SUMMERSET DRIVE	
CITY - ST - ZIP	PUNTA GORDA FL	

4.1 TITLE	D	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> Addition
4.2 NAME	SUSAN RHODES	
4.3 STREET ADDRESS	459 RIDGECREST DR	
4.4 CITY - ST - ZIP	PUNTA GORDA FL 33982	

TITLE	S	<input type="checkbox"/> DELETE
NAME	NAIL, DIANE	
STREET ADDRESS	471 RIDGECREST DR	
CITY - ST - ZIP	PUNTA GORDA FL	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAT SLOAN	
5.3 STREET ADDRESS	122 DAHOON BLVD	
5.4 CITY - ST - ZIP	PUNTA GORDA FL 33982	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DAVID	
STREET ADDRESS	245 WILMERS RD	
CITY - ST - ZIP	PUNTA GORDA FL	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MIKE ZAWINSKY	
6.3 STREET ADDRESS	56 SUCCESS DR	
6.4 CITY - ST - ZIP	PUNTA GORDA FL 33982	

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:

*Diane Nail*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-97

Date

Daytime Phone # 0058216

CR2E037 (9/96)