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May 13 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 # 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 33982-8535
29075 RIVERVIEW LANE PUNTA GORDA FL 33982-8535



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/04/1969	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2344981	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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* DATE: 4-29-97

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	UBEL, JOHN	
STREET ADDRESS	28388 COCO PALM DR	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, JACK	
STREET ADDRESS	29260 ALFARETTA AVE	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MOHLMASTER, DONALD	
STREET ADDRESS	155 SUMMERSET DR	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DONOHUE, BILL	
STREET ADDRESS	195 SUMMERSET DR	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NAIL, DIANE	
STREET ADDRESS	471 RIDGECREST DR	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, DAVID	
STREET ADDRESS	245 WILMERS RD	
CITY - ST - ZIP	PUNTA GORDA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EUGENE COY	
1.3 STREET ADDRESS	285 EVERGREEN ST.	
1.4 CITY - ST - ZIP	PUNTA GORDA FL 33982	
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	
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	
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	
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	
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* DATE: 4-17-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)