

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700005

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** PEACE RIVER AND PALM SHORES SOCIAL CLUB, INC.

**Current Principal Place of Business:**

29075 RIVERVIEW LANE  
PUNTA GORDA, FL 339828539

**New Principal Place of Business:**

**Current Mailing Address:**

29075 RIVERVIEW LANE  
PUNTA GORDA, FL 339828539

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STACEY, THOMAS  
29136 ORVA DR.  
PUNTA GORDA, FL 33982 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: STACEY, TOM  
Address: 29136 ORVA DRIVE  
City-St-Zip: PUNTA GORDA, FL 33982

Title: VP  
Name: ROBINSON, JIM  
Address: 398 OMEN  
City-St-Zip: PUNTA GORDA, FL 33982

Title: S  
Name: JUDITH, STACEY  
Address: 29136 ORVA DR.  
City-St-Zip: PUNTA GORDA, FL 33982

Title: T  
Name: CLAPP, JEAN  
Address: 29142 OAT STREET  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D  
Name: MCQUISTON, IRENE  
Address: 273 SUMMERSET  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D  
Name: BILL, CLAPP  
Address: 29142 OAT ST.  
City-St-Zip: PUNTA GORDA, FL 33982

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS STACEY

P

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date