FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **712968** **(7)**

1. Corporation Name
PEACE RIVER CENTER FOR PERSONAL DEVELOPMENT, INC

Principal Place of Business	Mailing Address
1745 HIGHWAY 17 SOUTH BARTOW FL 33830	1745 HIGHWAY 17 SOUTH BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1967
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-0818924 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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

GAITHER, ROY
8805 WEST KNIGHTS GRIFFIN ROAD
PLANT CITY FL 33566

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	C	☐ Change ☒ Addition
NAME	SHAW, JULIAN	12 NAME	Brice, Marvin W	
STREET ADDRESS	333 SOUTH 14TH STREET	13 STREET ADDRESS	3425 Kathleen Rd.	
CITY-ST-ZIP	HAINES CITY FL	14 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	V	21 TITLE	S	☒ Change ☐ Addition
NAME	MALONEY, TONI W	22 NAME		
STREET ADDRESS	104 FOX DEN DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL	24 CITY-ST-ZIP		
TITLE	C	31 TITLE	V	☒ Change ☐ Addition
NAME	WHITE, JOHN C.	32 NAME		
STREET ADDRESS	753 JOHNSON AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP		
TITLE	T	41 TITLE	T	☐ Change ☒ Addition
NAME	CAMPBELL, LYNN	42 NAME	Reed, Stanley B.	
STREET ADDRESS	2605 FAIRMOUNT AVE	43 STREET ADDRESS	2403 Cambridge Ave.	
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP	Lakeland, FL 33802	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SWEAT, WILLIAM A., JR.	52 NAME		
STREET ADDRESS	309 LAKE HOLLINGSWORTH	53 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	LANGFORD, MARY K	62 NAME		
STREET ADDRESS	1250 SCOTTSDALE DR.	63 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	64 CITY-ST-ZIP		

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)(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: Marvin W. Brice Marvin W. Brice (813)534-7020
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0018047