# 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 # 712968 (7)

1. Corporation Name

**PEACE RIVER CENTER FOR PERSONAL DEVELOPMENT, INC**

| Principal Place of Business | Mailing Address |
|---|---|
| 1745 HIGHWAY 17 SOUTH<br>BARTOW FL 33830 | 1745 HIGHWAY 17 SOUTH<br>BARTOW FL 33830 |

3. Date Incorporated or Qualified: 06/21/1967
3a. Date of Last Report: 05/01/1995

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:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**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: Bert Lacey
82 Street Address (P.O. Box Number is Not Acceptable)
83: 6055 Cricket Drive
84 City: Lakeland **FL** 85 Zip Code: 33813

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: Bert Lacey — 4/1/96
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 | ☒ DELETE | 1.1 TITLE | C,D | ☐ Change ☒ Addition |
| NAME | SHAW, JULIAN | | 1.2 NAME | Brice, Marvin W. | |
| STREET ADDRESS | 333 SOUTH 14TH STREET | | 1.3 STREET ADDRESS | 3425 Kathleen Road | |
| CITY-ST-ZIP | HAINES CITY FL | | 1.4 CITY-ST-ZIP | Lakeland, FL 33809 | |
| TITLE | S | ☐ DELETE | 2.1 TITLE | S,D | ☒ Change ☐ Addition |
| NAME | MALONEY, TONI W | | 2.2 NAME | | |
| STREET ADDRESS | 104 FOX DEN DRIVE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | AUBURNDALE FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 3.1 TITLE | V,D | ☒ Change ☐ Addition |
| NAME | WHITE, JOHN C. | | 3.2 NAME | | |
| STREET ADDRESS | 753 JOHNSON AVENUE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | T,D | ☒ Change ☐ Addition |
| NAME | REED, STANLEY B. | | 4.2 NAME | | |
| STREET ADDRESS | 2403 CAMBRIDGE AVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SWEAT, WILLIAM A., JR. | | 5.2 NAME | | |
| STREET ADDRESS | 369 LAKE HOLLINGSWORTH | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LANGFORD, MARY K | | 6.2 NAME | | |
| STREET ADDRESS | 1250 SCOTTSDALE DR. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LAKELAND FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (12/95)

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:** Marvin W. Brice — 4/1/96 — (941) 534-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Marvin W. Brice, Chairman