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Jan 15 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 # 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 33830-6634

3. Date Incorporated or Qualified: 06/21/1967
3a. Date of Last Report: 04/09/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 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

LACEY, BERT
6055 CRICKET DRIVE
LAKELAND FL 33813

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	BRICE, MARVIN W		1.2 NAME	JEFFREY HOCH	
STREET ADDRESS	3425 KATHLEEN RD		1.3 STREET ADDRESS	C & C BANK	
CITY-ST-ZIP	LAKELAND FL 33809		1.4 CITY-ST-ZIP	BARTOW, FLORIDA 33830	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ 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	VD	☐ DELETE	3.1 TITLE	CD	☒ 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	TD	☐ DELETE	4.1 TITLE		☐ 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 (9/96)

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: _____ BERT LACEY, EXC. DIRECTOR 534-7020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0053468