

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712968

FILED
Feb 08, 2007
Secretary of State

Entity Name: PEACE RIVER CENTER FOR PERSONAL DEVELOPMENT, INC.

Current Principal Place of Business:

1239 EAST MAIN STREET
BARTOW, FL 33830

New Principal Place of Business:

Current Mailing Address:

PO BOX 1559
BARTOW, FL 33831

New Mailing Address:

FEI Number: 59-0818924

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KILEY, MARY LU
829 WOODWARD STREET
LAKE LAND, FL 33803 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: D () Delete
Name: REED, STANLEY B
Address: 100 KENTUCKY AVENUE SOUTH#230
City-St-Zip: LAKE LAND, FL 33801

Title: D () Delete
Name: ETHEREDGE, EDWARD
Address: 1850 MARIPOSA AVE.
City-St-Zip: BARTOW, FL 33830

Title: C () Delete
Name: WEED, EDWARD G
Address: 5015 S. FLORIDA AVE
City-St-Zip: LAKE LAND, FL 33813

Title: VC () Delete
Name: LANGFORD, MARY KAY
Address: PO BOX 67
City-St-Zip: ALTURAS, FL 33820

Title: D () Delete
Name: BAGGETT, PAUL A
Address: 455 NORTH BROADWAY AVENUE
City-St-Zip: BARTOW, FL 33831

Title: T () Delete
Name: GOLOTKO, PETER C
Address: 1509 SOUTH FLORIDA AVENUE
City-St-Zip: LAKE LAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES C CLIFFORD

CFO

02/08/2007

Electronic Signature of Signing Officer or Director

Date