## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N30157

FILED Mar 23, 2009 Secretary of State

HART, GRAHAM P REV.

5600 PEACE RIVER ROAD

NORTH PORT, FL 34287

Name:

Address:

City-St-Zip:

Entity Name: PEACE RIVER PRESBYTERY, INC. **Current Principal Place of Business: New Principal Place of Business:** 5600 PEACE RIVER ROAD NORTH PORT, FL 34287 US **Current Mailing Address: New Mailing Address:** 5600 PEACE RIVER ROAD NORTH PORT, FL 34287 US FEI Number: 59-2958426 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARNETT, JAMES MR BARNETT, JAMES S MR. 5600 PEACE RIVER RD 5600 PEAĆE RIVER RD. NORTH PORT, FL 34287 US US NORTH PORT, FL 34287 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: JAMES S. BARNETT, TREASURER 03/23/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PENICK, ALAN MR. Name: Name: 600 SAWGRASS BRIDGE RD.. Address: Address: City-St-Zip: VENICE, FL 34292 05 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KIMBROUGH, ROBERT Name: Address: 7100 SOUTH GATOR CREEK BLVD. Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: ( ) Delete Title: () Change () Addition BARNETT, JAMES MR. Name: Name: 5600 PEACE RIVER ROAD Address: Address: City-St-Zip: NORTH PORT, FL 34287 City-St-Zip: Title: GP ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JAMES S. BARNETT, TREASURER Τ 03/23/2009