

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 # **756334** (9)

1. Corporation Name

PEACE RIVER BAPTIST ASSOCIATION, INC.



Principal Place of Business
**4630 SOUTH FAIRWAY DR.
PUNTA GORDA FL 33982**

Mailing Address
**4630 SOUTH FAIRWAY DR.
PUNTA GORDA FL 33982**

3. Date Incorporated or Qualified
02/12/1981

3a. Date of Last Report
02/27/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2318011		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

**BROWN, FLETCHER
124 N BREVARD AVE
ARCADIA FL 33821**

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

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	PD	1.1 TITLE	PD
NAME	CROSS, JOHN	1.2 NAME	Waters, Jerry
STREET ADDRESS	P.O. BOX 7166 N/A	1.3 STREET ADDRESS	5586 SE County Road 760
CITY-ST-ZIP	NORTH PORT FL	1.4 CITY-ST-ZIP	Arcadia, FL 33821
TITLE	VPD	2.1 TITLE	VPD
NAME	ROBERTS, CHESTER	2.2 NAME	Keely, Ken
STREET ADDRESS	P.O. BOX N/A	2.3 STREET ADDRESS	500 Somerset Road
CITY-ST-ZIP	PT. CHARLOTTE FL	2.4 CITY-ST-ZIP	Punta Gorda, FL 33982
TITLE	SD	3.1 TITLE	
NAME	LEE, NANCY J.	3.2 NAME	
STREET ADDRESS	30275 BEECH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	MURRAY, JOYCE	4.2 NAME	
STREET ADDRESS	2601 CHAPMAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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:

Nancy J. Lee **Nancy J. Lee**

03/17/96 **941-637-0874**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)