

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N30157** (4)
1. Corporation Name
PEACE RIVER PRESBYTERY, INC.

Principal Place of Business 5600 PEACE RIVER ROAD C/O CARL SCHLICH, III NORTH PORT FL 34287 US	Mailing Address P. O. BOX 7339 C/O CARL SCHLICH, III NORTH PORT FL 34287 US
--	---

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 01/12/1989
4. FEI Number 59-2958426
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SCHLICH, CARL I
5600 PEACE RIVER RD.
NORT PORT FL 34287**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D BONHAM, SAM
STREET ADDRESS	1617 SLATE COURT
CITY-ST-ZIP	VENICE FL
TITLE	<input type="checkbox"/> DELETE
NAME	D DAHIN, JOHN
STREET ADDRESS	3490 NORTH KEY DRIVE 310C
CITY-ST-ZIP	NORTH FT MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	V HOLLOMAN, DAVID
STREET ADDRESS	P.O. DRAWER 592 N/A
CITY-ST-ZIP	ARCADIA FL
TITLE	<input type="checkbox"/> DELETE
NAME	P MORROW, MARILYN
STREET ADDRESS	4751 CEDAR HAMMOCK CT.
CITY-ST-ZIP	FT. MYERS FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HENNING, CHARLES
STREET ADDRESS	2425 ALPINE AVE.
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	D SCHLICH, CARL I
STREET ADDRESS	800 S. GONDOLA DR
CITY-ST-ZIP	VENICE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	V Bonham, Sam
13 STREET ADDRESS	1617 Slate Ct
14 CITY-ST-ZIP	Venice, Fl
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	P Holloman, David
33 STREET ADDRESS	PO Drawer 592
34 CITY-ST-ZIP	Arcadia, Fl
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D Morrow, Marilyn
43 STREET ADDRESS	4751 Cedar Hammock Ct
44 CITY-ST-ZIP	Pt Myers, Fl
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	D Velej, Bob
63 STREET ADDRESS	848 W. Ellicott Circle
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503, 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: *[Signature]* **James B. HOFF** 2-4-98 941-446-8421

CP2E037 (10/97)

BOARD OF TRUSTEES

FUNCTION: Conduct, manage, direct business affairs of the corporation as directed by Presbytery under the constitution of the PC(USA), the state of Florida, and the USA (see SR 8.5.16)

Sam Bonham
Vice President: Board of Trustees
1617 Slate Court
Venice, FL 34292-4326
Home: (941) 485-6450

John Dahin
Board of Trustees
1700 21 Avenue W. #2030
Bradenton, FL 34205-5788
Home: (941) 941-741-4985

Charles Henning
Board of Trustees
2425 Alpine Ave
Sarasota, FL 34239-4119
Home: (941) 955-6518
Bus: (941) 951-0048

David Holloman
President: Board of Trustees
P.O. Drawer 592
Arcadia, FL 34265-0592
Home: (941) 494-4349
Office: (941) 494-0264

Marilyn Morrow
Board of Trustees
2643 Purslane Drive
Fort Myers, FL 33905
Home: (941) 693-7212
Office: (941) 694-7474

The Rev. Bob Veley, H.R.
Board of Trustees
848 W. Ellicott Circle
Port Charlotte, FL 33952-3912
Home: (941) 743-7599

President: David Holloman
Vice President: Sam Bonham
Secretary:

Ex Officio Members: General Presbyter and Treasurer

TRASURGR -D-
JAMES B. HUFF
5713 TAM O'SHANTER CT
SARASOTA, FL 34238