

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 APR 26 AM 11:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 708756 (2)

1. Corporation Name

PEACE RIVER COUNTRY CLUB, INC.

Principal Place of Business

**150 NORTH IDLEWOOD AVENUE
P. O. BOX 1073
BARTOW FL 33830-8073**

Mailing Address

**150 NORTH IDLEWOOD AVENUE
P. O. BOX 1073
BARTOW FL 33830-8073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/06/1965

3a. Date of Last Report

08/10/1994

4. FEI Number

59-1171124

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Country

30

9. Name and Address of Current Registered Agent

**FROST, JOHN
398 SOUTH CENTRAL AVE
BARTOW FL 33830**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

By (print, typed or printed name of registered agent, if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP**
NAME **SMITH, FRANK B. JR.**
STREET ADDRESS **1593 IMPERIAL AVE SOUTH**
CITY-ST-ZIP **BARTOW FL**

TITLE **DVP**
NAME **OLINGER, GILBERT**
STREET ADDRESS **1130 GEORGE STREET**
CITY-ST-ZIP **BARTOW FL**

TITLE **T**
NAME **HIEDTMAN, EDWARD, PERRY**
STREET ADDRESS **1280 HIBISCUS DR E**
CITY-ST-ZIP **BARTOW FL**

TITLE **DS**
NAME **WHITEHEAD, CHARLES**
STREET ADDRESS **1120 GEORGE STREET**
CITY-ST-ZIP **BARTOW FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☒ Change ☐ Addition
1.2 NAME **OLINGER, GILBERT**
1.3 STREET ADDRESS **1130 GEORGE STREET**
1.4 CITY-ST-ZIP **BARTOW, FLORIDA 33830**

2.1 TITLE **D/VP** ☒ Change ☐ Addition
2.2 NAME **WHITEHEAD, CHARLES**
2.3 STREET ADDRESS **1120 GEORGE STREET**
2.4 CITY-ST-ZIP **BARTOW, FLORIDA 33830**

3.1 TITLE **D/T** ☒ Change ☐ Addition
3.2 NAME **LOCKE, CARLE E.**
3.3 STREET ADDRESS **2075 CHEROKEE EAST**
3.4 CITY-ST-ZIP **BARTOW, FLORIDA 33830**

4.1 TITLE **D/S** ☒ Change ☐ Addition
4.2 NAME **GUFFEY, DREW B.**
4.3 STREET ADDRESS **1250 SPRING COURT**
4.4 CITY-ST-ZIP **BARTOW, FLORIDA 33830**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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:

CARL E. LOCKE, SR., TREAS.

4/12/95 (812) 533-7193