

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified

**04/06/1965**

3a. Date of Last Report

**04/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

I, 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 **DT** ☒ DELETE

NAME **LOCKE, CARLE E.**  
STREET ADDRESS **2075 CHEROKEE EAST**  
CITY-ST-ZIP **BARTOW FL**

TITLE **DP** ☒ DELETE

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

TITLE **DS** ☒ DELETE

NAME **GUFFEY, DREW B.**  
STREET ADDRESS **1250 SPRING COURT**  
CITY-ST-ZIP **BARTOW FL**

TITLE **DVP** ☒ DELETE

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

**DT** ☒ Change ☐ Addition

**SHURLEY, BOB**  
**801 S. HOLLISTON**  
**FT. MEADE, FL. 33841**

**DP** ☒ Change ☐ Addition

**BARNETT, BETTYE**  
**P.O. BOX 102**  
**FT. MEADE, FL. 33841**

**DS** ☐ Change ☐ Addition

**PURCELL, MICHELLE**  
**2100 NORTHWOOD DR.**  
**BARTOW, FL. 33830**

**DVP** ☒ Change ☐ Addition

**APES, RICHARD**  
**P.O. BOX 94**  
**BARTOW, FL. 33831**

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

*Bettye Barnett* **Bettye Barnett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**941-285-9176**

CR2E037 (12/95)