

FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90066 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 708756
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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/06/1965
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1171124
22	27	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	29
Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
FROST, JOHN
395 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRLEY, BOB	1.2 NAME	
STREET ADDRESS	801 S. HOUSTON	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MEADE FL 33841	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOELLNER, REBA	2.2 NAME	
STREET ADDRESS	1838 STONECREST CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL, MICHELE	3.2 NAME	
STREET ADDRESS	2100 NORTHWOOD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, KENNY	4.2 NAME	
STREET ADDRESS	1640 N. BROADWAY AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL 33830	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED
Date: 3-18-99 Daytime Phone #: 941-533 0966

CR2E037 (1/198)