

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
AND
FILED


05 MAY 20 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1st MOORE CR2E037 (10/04) u

DOCUMENT # 708756					
1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1171124	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent HANK B. CAMPBELL ONE LAKE MORTON DRIVE LAKELAND FL 33801			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
FILE NOW FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, KEITH 755 SOUTH BROADWAY BARTOW FL 33830	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500055580805 06/01/05--01046--004 *\$70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCLEOD, RAYMOND 1270 SPRING COURT BARTOW FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition President MCLEOD, RAYMOND 1270 SPRING COURT Bartow Fla 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEAN, MARC 312 EAST BROADWAY FORT MEADE FL 33841	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDDENS, GLENN 895 BROADWAY BARTOW FL 33830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition U.P. Giddens, Glenn 895. Broadway Bartow, Fla 33830	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WISE, ROBERTA 1610 BOUGAINVILLEA WAY BARTOW FL 33830	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	I HEIDEL, MATT 2835 HIGHWAY 60 EAST BARTOW FL 33830	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Raymond A. McLeod</u> <u>RAYMOND A. MCLEOD</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	