

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

APPROVED  
AND  
FILED

05 MAY 20 AM 9:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

66002066



1st MOORE CR2E037 (10/04)

<b>DOCUMENT # 708756</b> 1. Entity Name <b>PEACE RIVER COUNTRY CLUB, INC.</b>					
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 <b>59-1171124</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HANK B. CAMPBELL ONE LAKE MORTON DRIVE LAKELAND FL 33801</b>				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)					
<b>FILE NOW FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MILLER, KEITH	NAME	<b>500055580805</b>		
STREET ADDRESS	755 SOUTH BROADWAY	STREET ADDRESS	<b>06/01/05--01046--004 **70.00</b>		
CITY-ST-ZIP	BARTOW FL 33830	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLEOD, RAYMOND	NAME	<b>President</b>		
STREET ADDRESS	1270 SPRING COURT	STREET ADDRESS	<b>MCLEOD, RAYMOND</b>		
CITY-ST-ZIP	BARTOW FL 33830	CITY-ST-ZIP	<b>1270 SPRING COURT</b>		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLEAN, MARC	NAME			
STREET ADDRESS	312 EAST BROADWAY	STREET ADDRESS			
CITY-ST-ZIP	FORT MEADE FL 33841	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIDDENS, GLENN	NAME	<b>U.P. Giddens, Glenn</b>		
STREET ADDRESS	895 BROADWAY	STREET ADDRESS	<b>895 BROADWAY</b>		
CITY-ST-ZIP	BARTOW FL 33830	CITY-ST-ZIP	<b>Bartow, FL 33830</b>		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WISE, ROBERTA	NAME			
STREET ADDRESS	1610 BOUGAINVILLEA WAY	STREET ADDRESS			
CITY-ST-ZIP	BARTOW FL 33830	CITY-ST-ZIP			
TITLE	I <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEIDEL, MATT	NAME			
STREET ADDRESS	2835 HIGHWAY 60 EAST	STREET ADDRESS			
CITY-ST-ZIP	BARTOW FL 33830	CITY-ST-ZIP			
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 # _____					