

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2007 8:00 am
Secretary of State

04-30-2007 90385 024 ****61.25

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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1171124	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. 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 re-registering) DATE: _____					
FILE NOW: FEE IS \$81.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P MCLEOD, RAYMOND 1270 SPRING COURT BARTOW FL 33830	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOLLY P. HARRIS 2455 HWY 17S Lot 48 BARTOW, FL 33830	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GIDDENS, GLENN 895 BROADWAY BARTOW FL 33830	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Cecilia Speight 613 N.E. 3rd St. Fort. Meade, FL 33841	☒ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 5/22/07 Daytime Phone # _____		

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P MCLEOD, RAYMOND 1270 SPRING COURT BARTOW FL 33830	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	JOHN PHILLIPS 2455 HWY 17S Lot 48 BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GIDDENS, GLENN 895 BROADWAY BARTOW FL 33830	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Cecilia Speight 613 N.E. 3rd St. Fort. Meade, FL 33841
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change Addition
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ATTACHMENT

66017112

1st MOORE CR2E037 (10/06)