


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90324 047 ****61.25

DOCUMENT # 710635					
1. Entity Name PEACE RIVER CIVIC ASSOCIATION, INC.					
Principal Place of Business 29199 MARYLU AVE. PUNTA GORDA, FL. 33982			Mailing Address 29199 MARYLU AVE. PUNTA GORDA, FL. 33982		
2. Principal Place of Business			3. Mailing Address		
Suites, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0115795	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MACLCHLAN, ZOLA M 29000 TAMAYO DR. PUNTA GORDA, FL 33982			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: <u>Larry A Lockery</u>		President		DATE: <u>March 20, 2006</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	WILSON, MARLENE	NAME	ED LaBarge		
STREET ADDRESS	29167 TAMAYO	STREET ADDRESS	29198 CRAWFORD AVE		
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP	PUNTA GORDA FL 33982		
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EVEY, LAS JR.	NAME	DAVID DUNHAM		
STREET ADDRESS	29235 TAMAYO DR.	STREET ADDRESS	29169 CRAWFORD AVE		
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP	PUNTA GORDA FL 33982		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOCKERY, LARRY	NAME			
STREET ADDRESS	29445 TURBAK DR	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP			
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MINGUSKI, SANDY	NAME	EVEY, LES SR.		
STREET ADDRESS	29154 ORANGEWOOD ST	STREET ADDRESS	29235 TOMAYO DR		
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP	PUNTA GORDA FL 33982		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONRAD, JOSEPHINE	NAME			
STREET ADDRESS	29157 MARYLYN AVE	STREET ADDRESS			
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP			
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MURRAY, SHIRLEY	NAME	O'NIEL, MARY		
STREET ADDRESS	29227 TAMAYO DR	STREET ADDRESS	29226 ORANGEWOOD ST		
CITY-ST-ZIP	PUNTA GORDA, FL 33982	CITY-ST-ZIP	PUNTA GORDA FL 33982		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Larry A Lockery</u>		Date: <u>4-6-06</u>		Daytime Phone #: <u>941-575-9105</u>	

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