


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90063 003 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # 710635</b>   |  |   |  |  |  |
| 1. Entity Name<br><b>PEACE RIVER CIVIC ASSOCIATION, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>29199 MARYLU AVE.<br/>PUNTA GORDA, FL 33982</b>  |  |   | Mailing Address<br><b>29199 MARYLU AVE.<br/>PUNTA GORDA, FL 33982</b>            |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State  |  | 4. FEI Number<br><b>65-0115795</b>  |  |
| Applied For<br><input type="checkbox"/> Not Applicable   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |   |  |
| Zip  | Country  | Zip   | Country  | 03212007 Chg-NP CR2E037 (12/06)   |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent                                      |   |  |
| <b>MACLCHLAN, ZOLA M<br/>29000 TAMAYO DR.<br/>PUNTA GORDA, FL 33982</b>  |  |   | Name <b>Edward LaBarge</b>   |   |  |
|  |  |   | Street Address (P.O. Box Number is Not Acceptable)<br><b>29198 Crawford Ave.</b> |   |  |
|  |  |   | City<br><b>Punta Gorda, FL.</b>  |   |  |
|  |  |   | City<br><b>FL</b> Zip Code<br><b>33982</b>                                       |   |  |
| 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 <b>E. LaBarge</b>  |  | <b>President</b>  |  | DATE <b>3-21-07</b>   |  |
| Signature, typed or printed name of registered agent and title if applicable.  |  | (NOTE: Registered Agent signature required when reinstating)                                    |  | DATE  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>LABARGE, ED<br>29198 CRAWFORD AVE<br>PUNTA GORDA, FL 33982      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>Carole Pieters<br>29122 Tamayo<br>Punta Gorda, FL 33982                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>DUNHAM, DAVID<br>29169 CRAWFORD AVE<br>PUNTA GORDA, FL 33982    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>JAMES HEFFNER<br>29215 EDGEWOOD ST<br>PUNTA GORDA, FL 33982                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>LOCKERY, LARRY<br>29445 TURBAK DR<br>PUNTA GORDA, FL 33982      | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>Ed LaBarge<br>29198 Crawford Ave.<br>Punta Gorda, FL 33982                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>EVEY, LES JR<br>29235 TAMAYO DR<br>PUNTA GORDA, FL 33982       | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | V.P.<br>Tom Keener<br>29145 Tamayo<br>Punta Gorda, FL 33982                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>CONRAD, JOSEPHINE<br>29157 MARYLYN AVE<br>PUNTA GORDA, FL 33982 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D<br>MAVIN RUS'S<br>29153 ORANGEWOOD ST<br>PUNTA GORDA, FL 33982                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>O'NIEL, MARY<br>29226 ORANGEWOOD ST<br>PUNTA GORDA, FL 33982    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <b>E. LaBarge</b>   |  |   |  | DATE <b>3-21-07</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |   |  | Daytime Phone # <b>941 637 1665</b>   |  |