

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 18, 2008**  
**Secretary of State**

DOCUMENT# 712968

**Entity Name:** PEACE RIVER CENTER FOR PERSONAL DEVELOPMENT, INC.**Current Principal Place of Business:**1239 EAST MAIN STREET  
BARTOW, FL 33830**New Principal Place of Business:****Current Mailing Address:**PO BOX 1559  
BARTOW, FL 33831**New Mailing Address:****FEI Number:** 59-0818924**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KILEY, MARY LU CEO  
829 WOODWARD STREET  
LAKELAND, FL 33803 US**Name and Address of New Registered Agent:**SIERRA, J GILBERT  
4187 AUDUBON OAKS CIRCLE  
LAKELAND, FL 33809 US

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.

SIGNATURE: J. GILBERT SIERRA

09/18/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: REED, STANLEY B  
Address: 100 KENTUCKY AVENUE SOUTH#230  
City-St-Zip: LAKELAND, FL 33801

Title: T ( ) Delete  
Name: GARRINGER, DEBORAH  
Address: 331 S. FLORIDA AVENUE, STE 400  
City-St-Zip: LAKELAND, FL 33801

Title: D ( ) Delete  
Name: WEED, EDWARD G  
Address: 540 CRESCENT HILLS DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: C ( ) Delete  
Name: LANGFORD, MARY KAY  
Address: 1250 SCOTTSLAND DRIVE  
City-St-Zip: LAKELAND, FL 33813

Title: S ( ) Delete  
Name: BAGGETT, PAUL A  
Address: 455 NORTH BROADWAY AVENUE  
City-St-Zip: BARTOW, FL 33831

Title: VC ( ) Delete  
Name: GOLOTKO, PETER C  
Address: 1509 SOUTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY KAY LANGFORD

C

09/18/2008

Electronic Signature of Signing Officer or Director

Date