# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 13 PM 2:32

DOCUMENT # 735145 (5)

1. Corporation Name

PEACE RIVER CHURCH OF CHRIST, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2623 VASCO STREET<br>P.O. BOX 955<br>PUNTA GORDA FL 33950 | 2623 VASCO STREET<br>P.O. BOX 955<br>PUNTA GORDA FL 33950 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1976
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-2429596 ☐ Applied For ☐ Not Applicable

| | | |
|---|---|---|
| 2. Principal Place of Business (21) | 2a. Mailing Address (26) | 5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required |
| Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27) | 6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees |
| City & State (23) | City & State (28) | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required |
| Zip (24) / Country (25) | Zip (29) / Country (30) | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No |

**9. Name and Address of Current Registered Agent**

HENRY, ROBERT H
306 MARION W.
PUNTA GORDA FL 33950

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Robert H Henry 4/9/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | HENRY, BOB | 12 NAME | |
| STREET ADDRESS | 306 W MARION | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | 14 CITY-ST-ZIP | |
| TITLE | DT | 21 TITLE | ☐ Change ☐ Addition |
| NAME | ROSS, RANDAL | 22 NAME | |
| STREET ADDRESS | 2153 CLERMONT STREET | 23 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 24 CITY-ST-ZIP | |
| TITLE | DS | 31 TITLE | ☐ Change ☐ Addition |
| NAME | NICKOLS, GEORGE F. | 32 NAME | |
| STREET ADDRESS | 215 RIO VILLA, BOX 3188 | 33 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA, FL 00000 | 34 CITY-ST-ZIP | |
| TITLE | PD | 41 TITLE | ☐ Change ☐ Addition |
| NAME | BEARDEN, ROBERT | 42 NAME | |
| STREET ADDRESS | 911 RYE AVE. | 43 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 44 CITY-ST-ZIP | |
| TITLE | D | 51 TITLE | ☐ Change ☐ Addition |
| NAME | DIXON,BOYCE | 52 NAME | |
| STREET ADDRESS | 8010 SR-31 | 53 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA, FL 00000 | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** George F Nickols George Nickols 4/9/95 639-0114
SIGNATURE AND TYPED OR PRINTED NAME OF MANNING OFFICER OR DIRECTOR — Title — Daytime Phone #

000100