


FILE NOW: FILING FEE IS \$61.25

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Apr 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735145** (5)

1. Corporation Name

**PEACE RIVER CHURCH OF CHRIST, INC.**



Principal Place of Business	Mailing Address
2623 VASCO STREET P.O. BOX <del>000</del> 510955 PUNTA GORDA FL 33950	2623 VASCO STREET P.O. BOX <del>000</del> 510955 PUNTA GORDA FL 33950-2810

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/04/1976</b>		3a. Date of Last Report <b>07/10/1996</b>	
21		26		4. FEI Number <b>59-2429596</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HENRY, ROBERT H 306 MARION W. PUNTA GORDA FL 33950		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Robert H. Henry DATE 2-2-97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, BOB	1.2 NAME	
STREET ADDRESS	306 W MARION	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, RANDAL	2.2 NAME	HOMER FRAZIER
STREET ADDRESS	2153 CLERMONT STREET	2.3 STREET ADDRESS	14408 ARMADA RD
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33953
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICKOLS, GEORGE F.	3.2 NAME	
STREET ADDRESS	215 RIO VILLA, BOX 3188	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARDEN, ROBERT	4.2 NAME	
STREET ADDRESS	911 RYE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, BOYCE	5.2 NAME	RON AKERS
STREET ADDRESS	8010 SR-31	5.3 STREET ADDRESS	17399 HARRIS AVE.
CITY-ST-ZIP	PUNTA GORDA, FL 00000	5.4 CITY-ST-ZIP	PT. CHARLOTTE, FL 33948
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 in an attachment with an address.

CR2E037 (9/96)