

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27, 1999 8:00am
Secretary of State

01-27-1999 90037 003 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 735145

1. Corporation Name

PEACE RIVER CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

2623 VASCO STREET
P.O. BOX 955
PUNTA GORDA FL 33950

2623 VASCO STREET
P.O. BOX 510955
PUNTA GORDA FL 33950
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

3. Date Incorporated or Qualified

03/04/1976

4. FEI Number

59-2429596

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HENRY, BOB
STREET ADDRESS 306 W MARION
CITY-ST-ZIP PUNTA GORDA FL

TITLE D ☐ DELETE

NAME FRAZIER, HOMER
STREET ADDRESS 14408 ARMADA RD.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE DS ☐ DELETE

NAME NICKOLS, GEORGE F.
STREET ADDRESS 215 RIO VILLA, BOX 3188
CITY-ST-ZIP PUNTA GORDA, FL 00000

TITLE PD ☐ DELETE

NAME BEARDEN, ROBERT
STREET ADDRESS 911 RYE AVE.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☐ DELETE

NAME PENDERGRASS, BENNETT
STREET ADDRESS 19584 MIDWAY BLVD
CITY-ST-ZIP PT CHARLOTTE FL 33948

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert H. Henry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE 1-11-99 DAYTIME PHONE # 941-637-1545

CR2E037 (11/98)