## 2002 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2002 8:00 am Secretary of State **DOCUMENT # 735145** 1. Entity Name PEACE RIVER CHURCH OF CHRIST, INC. 04-24-2002 90360 012 \*\*\*\*61.25 Principal Place of Business Mailing Address 2623 VASCO STREET 2623 Vasco 2623 VASCO STREET P.O. BOX 955 2623 Vacco 5+ PUNTA GORDA FL 33950 PUNTA GORDA FL 33950 2. Principal Place of Business 3. Mailing Address asco St 2623 623 Vacco Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE no-P.O. BOX ~City & Ştate= pplied For -4.-FEI Number. 59-2429596 Not Applicable Charlotte \$8.7/5 Additional 5. Certificate of Status Desired Fee/Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HENRY, ROBERT H 2200 EL CERITO CT. vd PUNTA GORDA FL 33950 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE □ Delete HENRY, BOB NAME NAME STREET ADDRESS STREET ADDRESS 2200 EL CERITO CT. CITY-ST-ZIP CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Addition ☐ Change TITLE TITLE KARTZ, EDMUND NAME NAME STREET ADDRESS ·STREET ADDRESS 1417 MEDITERRANEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL 33950** DS ☐ Change ☐ Addition TITLE Delete TITLE NICKOLS, GEORGE F. NAME NAME STREET ADDRESS STREET ADDRESS 215 RIO VILLA, BOX 3188 CITY-ST-7IP CITY-ST-ZIP PORT CHARLOTTE FL 33980 PD Delete TITLE ☐ Change ☐ Addition BEARDEN, ROBERT NAME STREET ADDRESS STREET ADDRESS 26130 RAMPART BLVD. CITY-ST-ZIP CITY-ST-ZIP Punta Gorda FL 33983 TITLE ☐ Defete ☐ Change Addition PENDERGRASS, BENNETT NAME NAME STREET ADDRESS STREET ADDRESS 19584 MIDWAY BLVD CITY-ST-ZIP CITY-ST-7IF PT CHARLOTTE FL 33948 ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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:**