

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90315 038 \*\*\*\*61.25

**DOCUMENT # 735145**

1. Entity Name  
**PEACE RIVER CHURCH OF CHRIST, INC.**



Principal Place of Business  
**2623 VASCO STREET  
PUNTA GORDA, FL 33950**

Mailing Address  
**2623 VASCO STREET  
PUNTA GORDA, FL 33950 US**

2. Principal Place of Business

3. Mailing Address  
**P.O. Box 511613**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Punta Gorda, Florida**

Zip

Country

Zip  
**33951-1613**

Country  
**US**

04112005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2429596**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PENDERGRASS, BENNETT  
19584 MIDWAY BLVD.  
PORT CHARLOTTE, FL 33948**

7. Name and Address of New Registered Agent

Name  
**Bob Henry**

Street Address (P.O. Box Number is Not Acceptable)

**3015 Scenic View Drive**

City

**Punta Gorda**

FL

Zip Code

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert H. Henry*

**Bob Henry**

**April 13, 2005**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **HENRY, BOB**  
STREET ADDRESS **3015 SCENIC VIEW DR.**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **D** ☒ Delete  
NAME **KARTZ, EDMUND**  
STREET ADDRESS **1417 MEDITERRANEAN DRIVE**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **DS** ☒ Delete  
NAME **NICKOLS, GEORGE F.**  
STREET ADDRESS **215 RIO VILLA, BOX 3188**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition  
NAME **Doug English**  
STREET ADDRESS **5289 Johnson Terrace**  
CITY-ST-ZIP **Punta Gorda FL 33981**

TITLE **D** ☐ Change ☒ Addition  
NAME **Harold Warrick**  
STREET ADDRESS **4615 Knollwood Dr**  
CITY-ST-ZIP **Punta Gorda FL 33982**

TITLE **D** ☐ Change ☒ Addition  
NAME **Dick Seale**  
STREET ADDRESS **232 Corumba St**  
CITY-ST-ZIP **Punta Gorda FL 33983**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

*Robert H. Henry*

**Bob Henry**

**4-13-05**

**941/637-5703**