

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # N02000002555

1. Entity Name
PEACE RIVER CENTER FOR WRITERS, INC.



Principal Place of Business

501 SHREVE STREET
PUNTA GORDA, FL 33950

Mailing Address

501 SHREVE STREET
PUNTA GORDA, FL 33950



03312005 No Chg-NP

CR2E037 (10/03)

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4. FEI Number
02-0590771

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAYMANS, MICHAEL P
99 NESBIT STREET
PUNTA GORDA, FL 33950

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IN THIS SPACE**

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

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BIRED, MARTHA R
STREET ADDRESS	P.O. BOX 51081
CITY-ST-ZIP	PUNTA GORDA, FL 339510818
TITLE	PD
NAME	HAYMANS, MICHAEL P
STREET ADDRESS	99 NESBIT STREET
CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D
NAME	MANTHEY, MERRILY
STREET ADDRESS	P.O. BOX 495128
CITY-ST-ZIP	PORT CHARLOTTE, FL 33949
TITLE	VP
NAME	SIMPSON, RICHARD T
STREET ADDRESS	540 GROVE AVE., NW
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	STD
NAME	FUTCH, KATHY
STREET ADDRESS	2601 SERENE DRIVE
CITY-ST-ZIP	PUNTA GORDA, FL 33982
TITLE	D
NAME	MORRISON, JO
STREET ADDRESS	2166 CONWAY
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952

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04/18/05-80006-019 61.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kathy Futch - Kathy Futch, Sec'y/Treas. 4/13/05 (941) 575-1976