

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002555

FILED
Apr 23, 2007
Secretary of State

Entity Name: PEACE RIVER CENTER FOR WRITERS, INC.

Current Principal Place of Business:

501 SHREVE STREET
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

501 SHREVE STREET
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 02-0590771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRELL, LYNN
Address: 512 EDMUND ST
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD () Delete
Name: HAYMANS, MICHAEL P
Address: 99 NESBIT STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: BURNAM, KATHY
Address: 1494 ATLAS ST
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP () Delete
Name: SIMPSON, RICHARD T
Address: 540 GROVE AVE., NW
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: STD () Delete
Name: FUTCH, KATHY
Address: 2601 SERENE DRIVE
City-St-Zip: PUNTA GORDA, FL 33982

Title: D (X) Delete
Name: MORRISON, JO
Address: 2166 CONWAY
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change () Addition
Name: HARRELL, LYNN
Address: 512 EDMUND ST
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: REITH, JACK
Address: 25322 PUERTA DRIVE
City-St-Zip: PUNTA GORDA, FL 33955

Title: STD (X) Change () Addition
Name: FUTCH, KATHY
Address: 2601 SERENE DRIVE
City-St-Zip: PUNTA GORDA, FL 33982

Title: SD (X) Change () Addition
Name: SCHENK, JOYCE
Address: 740 HOLLYHILL COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL P. HAYMANS

PD

04/23/2007

Electronic Signature of Signing Officer or Director

Date