

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90204 036 ****61.25

DOCUMENT # N03000003824 1. Entity Name THE PEACE RIVER RADIO ASSOCIATION, INCORPORATED					
Principal Place of Business POST OFFICE BOX 510943 PUNTA GORDA, FL 33950			Mailing Address POST OFFICE BOX 510943 PUNTA GORDA, FL 33950		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 41-2045407				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNARZER, REGINALD <i>misspelled</i> 4407 ALBACORE CIRCLE PORT CHARLOTTE, FL 33948			7. Name and Address of New Registered Agent Name KNARZER, Reginald Street Address (P.O. Box Number is Not Acceptable) <i>Same</i> City FL Zip Code		
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 retreating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☒ Delete	TITLE	President	☐ Change ☒ Addition
NAME	KEIM, JACOB		NAME	Knarzer, Reginald	
STREET ADDRESS	215 RIO VILLA DRIVE, #3489		STREET ADDRESS	4407 Albacore Circle	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	Port Charlotte FL 33948	
TITLE	V	☒ Delete	TITLE	Vice President	☐ Change ☒ Addition
NAME	WHARTON, DANIEL		NAME	Joseph D. Chickino	
STREET ADDRESS	488 WATERSIDE ST.		STREET ADDRESS	2295 Via Venice	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	S	☐ Delete	TITLE	Director	☐ Change ☒ Addition
NAME	CHICKINO, REGINA		NAME	Lloyd Smith	
STREET ADDRESS	2295 VIA VENICE		STREET ADDRESS	1350 Birchcrest Blvd.	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	Port Charlotte, FL 33952	
TITLE	T	☐ Delete	TITLE	Director	☐ Change ☒ Addition
NAME	HARTLEIN, DONALD		NAME	Don Baughman	
STREET ADDRESS	141 DARTMOUTH DRIVE		STREET ADDRESS	4360 Brocel Ave.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	North Port, FL 34286	
TITLE	D	☒ Delete	TITLE	Trustee	☐ Change ☒ Addition
NAME	RAGAN, MATHEW		NAME	Al Sanders	
STREET ADDRESS	5227 FOX HILL RD.		STREET ADDRESS	1344 Mediterranean Dr. #121	
CITY-ST-ZIP	NORTHPORT, FL 34286		CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LAMBIE, THOMAS		NAME		
STREET ADDRESS	12199 MINNESOTA AVE		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33955		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: Regina Chickino <i>Regina Chickino</i> 4/26/05 941-639-7450 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #					