

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90395 012 ****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 **33951-0943** Country

Zip **33951-0943** Country

04212006 Chg-NP CR2E037 (11/05)

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
4407 ALBACORE CIRCLE
PORT CHARLOTTE, FL 33948**

7. Name and Address of New Registered Agent

Name

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

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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 ☐ Delete
NAME **P**
STREET ADDRESS **KNARZER, REGINALD**
CITY-ST-ZIP **4407 ALBACORE CIRCLE
PORT CHARLOTTE, FL 33948**

TITLE ☒ Delete
NAME **V**
STREET ADDRESS **CHICKINO, JOSEPH D**
CITY-ST-ZIP **2295 VIA VENICE
PUNTA GORDA, FL 33950**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CHICKINO, REGINA**
CITY-ST-ZIP **2295 VIA VENICE
PUNTA GORDA, FL 33950**

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **HARTLEIN, DONALD**
CITY-ST-ZIP **141 DARTMOUTH DRIVE
PORT CHARLOTTE, FL 33952**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SMITH, LLOYD**
CITY-ST-ZIP **1350 BIRCHCREST BLVD
PORT CHARLOTTE, FL 33952**

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **LAMBIE, THOMAS**
CITY-ST-ZIP **12199 MINNESOTA AVE
PUNTA GORDA, FL 33955**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **Treasurer**
STREET ADDRESS **Chickino, Joseph D.**
CITY-ST-ZIP **2295 Via Venice
Punta Gorda, FL 33950**

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR**
STREET ADDRESS **Hartlein, Donald**
CITY-ST-ZIP **141 Dartmouth Drive
Port Charlotte, FL 33952**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Charles Coulter**
CITY-ST-ZIP **130 Valdivia Street
Port Charlotte, FL 33983**

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

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 exemptions contained 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-258-2749

Regina Chickino Regina Chickino 4/22/06