

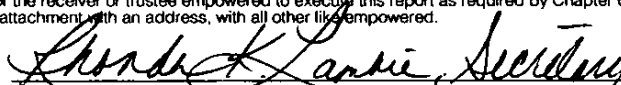


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90352 020 ****61.25

DOCUMENT # N03000003824 1. Entity Name THE PEACE RIVER RADIO ASSOCIATION, INCORPORATED					
Principal Place of Business POST OFFICE BOX 510943 PUNTA GORDA, FL 33951-0943			Mailing Address POST OFFICE BOX 510943 PUNTA GORDA, FL 33951-0943		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01142008 Chg-NP CR2E037 (12/06)	
4. FEI Number 41-2045407				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KNARZER, REGINALD 4407 ALBACORE CIRCLE PORT CHARLOTTE, FL 33948			Name Geahardt R. Woster Street Address (P.O. Box Number is Not Acceptable) 1510 Aquí Esta 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  <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	T CHICKINO, JOSEPH D 2295 VIA VENICE PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROBERT P. BOSSER JR 617 ELEUTHERA DR PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARTLEIN, DONALD 141 DARTMOUTH DR PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DAVID SCHALL 619 MADRID BLVD. PUNTA GORDA, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHICKINO, REGINA 2295 VIA VENICE PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rhonda Lambie 12199 MINNESOTA AVE PUNTA GORDA, FL 33955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOSTER, GEAHARDT 1510 AQUI ESTA DR PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WOSTER, Geahardt 1510 Aquí Esta Dr. Punta Gorda, FL 33950	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMBIE, TOM 12199 MINNESOTA AVE. PUNTA GORDA, FL 33955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Lambie Tom 12199 MINNESOTA AVE PUNTA GORDA, FL 33955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNARZER, REGINALD 4407 ALBACORE CIRCLE PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> RHONDA K. LAMBIE			Date 4/24/08 Daytime Phone # 941-639-3670		