

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005849

FILED
Apr 29, 2009
Secretary of State

Entity Name: PEACE RIVER COOPERATIVE CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:

1499 US HWY 17 NORTH
WAUCHULA, FL 33873

New Principal Place of Business:

210 METHENY ROAD
WAUCHULA, FL 33873

Current Mailing Address:

P O BOX 1310
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 20-4064056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, ANDREW B ESQ
150 N COMMERCE AVE
SEBRING, FL 338703201 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: VP () Delete
Name: PARRISH, JOE
Address: 1505 PARRISH RD
City-St-Zip: FT. MEADE, FL 33841

Title: D () Delete
Name: DASHER, MARIE
Address: P O BOX 723
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: VICKERS, BRUCE
Address: P O BOX 42
City-St-Zip: KENANSVILLE, FL 34739

Title: S () Delete
Name: ALBRITTON, HOLLIS JR
Address: 9057 NW HWY 17
City-St-Zip: ARCADIA, FL 34266

Title: P () Delete
Name: THARP, JULIAN
Address: PO BOX 7491
City-St-Zip: INDIAN LAKE ESTATES, FL 338557491 US

Title: T () Delete
Name: WILLIAM, HODGE
Address: 754 SUMNER RD
City-St-Zip: WAUCHULA, FL 33873

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JULIAN THARP

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date