

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005849

FILED  
Apr 27, 2012  
Secretary of State

**Entity Name:** PEACE RIVER COOPERATIVE CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

210 METHENY ROAD  
WAUCHULA, FL 33873

**New Principal Place of Business:**

**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  
Name: PARRISH, JOE  
Address: 1505 PARRISH RD  
City-St-Zip: FT. MEADE, FL 33841

Title: S  
Name: DASHER, MARIE  
Address: P O BOX 723  
City-St-Zip: WAUCHULA, FL 33873

Title: D  
Name: GUGLE, PATRICIA  
Address: 3642 COLLEGE HILL ROAD  
City-St-Zip: BOWLING GREEN, FL 33834

Title: D  
Name: GURIAN, MAL  
Address: 5245 88TH ST EAST  
City-St-Zip: BRADENTON, FL 34211

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

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

I hereby 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 all other like empowered.

SIGNATURE: JULIAN THARP

PRES

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date