
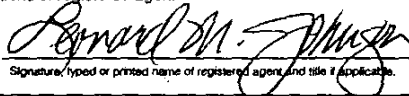
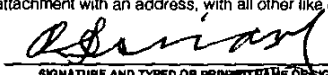


FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90209 016 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # N06000001003 1. Entity Name PEACE RIVER ROTARY FOUNDATION, INC. | | | |  | |
| Principal Place of Business P.O. BOX 512718 PUNTA GORDA, FL 33951-2718 | | | Mailing Address P.O. BOX 512718 PUNTA GORDA, FL 33951-2718 | | |
| 2. Principal Place of Business - No P.O. Box # 1133 BAL HARBOR BLVD | | 3. Mailing Address Suite, Apt. #, etc. SUITE 1135 | | | |
| City & State PUNTA GORDA, FL | | City & State PUNTA GORDA, FL | | | |
| Zip 33950 | Country CHARLOTTE | Zip 33950 | Country FL | 4. FEI Number 55-0914375 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent LORAH, GEOFFREY 3865 BORDEAUX DRIVE PUNTA GORDA, FL 33950 | | | 7. Name and Address of New Registered Agent Name JOHNSON, LEONARD M Street Address (P.O. Box Number is Not Acceptable) 126 E. OLYMPIA AVENUE SUITE 300 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  | | LEONARD M. JOHNSON, ESQ. | | 4/25/07 DATE | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | P DORIA, ORLANDO A 24218 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MAHER, CHRIS E P.O. BOX 512718 PUNTA GORDA, FL 33951 | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HEITMAN, EUGENE P.O. BOX 512718 PUNTA GORDA, FL 33951 | <input checked="" type="checkbox"/> Delete | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T LORAH, GEOFFREY L 3865 BORDEAUX DRIVE PUNTA GORDA, FL 33950 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <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:  | | ORLANDO DORIA, PRESIDENT | | 4-25-07 Date | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # 8887 | |

40086561



04242007 Chg-NP CR2E037 (12/06)