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 # N0600001003 1. Entity Name PEACE RIVER ROTARY FOUNDATION, INC. Principal Place of Business P.0. B0X 512718 Principal Place of Business P.0. B0X 512718					40086561	
PUNTA GORDA, FL 33951-2718 PUNTA GORDA, FL 33951-2718				ł	+ Jernet en brite eint brite brite brite brite brite beite erne er beite en brite en brite en brite.	
Principal Place of Business - No P.O. Box # 3. Mailing Address						
Suite, Apt. #, etc. SUITE 1135				04242007 Chg-NP CR2E037 (12/06)		
City & State PUNTA GORDA FL City & State			}	4. FEI Number 55 - 0914375 Applied For Not Applicable		
Zip 339	50 Country CHARLOTTE	Zip	Country		5. Certificate of Status Desired See Required Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
			Name	IOHN	ISON, LEONARD M	
LORAH, GEOFFREY 3865 BORDEAUX DRIVE BINITA CORDA EL 33050			Street Ad	Street Address (P.O. Box Number is Not Acceptable) 12.6 E. OLYMPIA AVENUE		
PUNTA GORDA, FL 33950			{	SUITE 300		
			City Pu	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.						
the obligations of registered agent.						
SIGNATURE O BYNDA DI THUSEN LEONARD M. JOHNSON, ESQ. 4/25/07						
Signature/typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) DATE '						
Filing Fee is \$61,25 9. Election Campaign Financing \$5,00 May Be Due by May 1, 2007 9. Election Campaign Financing \$5,00 May Be Trust Fund Contribution. Added to Fees Florida Department of State						
10,	OFFICERS AND DIR	ECTORS	11.	A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	DORIA, ORLANDO A		NAME			
STREET ADORESS CITY-ST-ZIP	24216 BUCKINGHAM WAY PORT CHARLOTTE, FL 33980		STREET ADDRESS City-St-Zip			
TITLE	s	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	MAHER, CHRIS E	_	NAME			
STREET ADDRESS	P.O. BOX 512718		STREET AOORESS City-St-Zip			
CITY-ST-ZIP	PUNTA GORDA, FL 33951	**************************************			☐ Change 🔀 Addition	
TITLE NAME	HEITMAN, EUGENE	Delete	TITLE NAME	401		
STREET ADDRESS	P.O. BOX 512718		STREET ADDRESS	386	RAH, GEOFFREY L 65 BORDEAUX DRIVE	
CITY-ST-ZIP	PUNTA GORDA, FL 33951		CITY-ST-ZIP	PUA	NTA GORDA, FL 33950	
title Name		☐ Delete	TITLE		Change Addition	
STREET ADDRESS	1		NAME Street address			
CITY-ST-ZIP			City-St-Zip			
TITLE		☐ Delete	IUITE		☐ Change ☐ Addition	
NAME CTREET ADDRESS			NAME DYDEET ACCOUNTS			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP			
TITLE		☐ Deleta	TITLE		☐ Change ☐ Addition	
NAME	1		NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP	Totilu that the information and the Color	this filian do 101 f	CITY-ST-ZIP		to Chapter 410 Florida Carbana Lituda and Maria and Maria	
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 of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter or on an attachment with an address, with all other like empowered.						
changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: RELIAND ORIA, PRESIDENT 4-25-0 7 8884						