# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 02, 2007 8:00 am**
**Secretary of State**
03-20-2007 90015 018 ****61.25

DOCUMENT # N06000002427

1. Entity Name

PEACE RIVER HOUSING TRUST, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 18501 MURDOCK CIRCLE, SUITE 301<br>PORT CHARLOTTE FL 33948 | 18501 MURDOCK CIRCLE, SUITE 301<br>PORT CHARLOTTE FL 33948 |

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1620 Tamiami Trail | 1620 Tamiami Trail |
| Suite, Apt. #, etc.: Suite 103 | Suite, Apt. #, etc.: Suite 103 |
| City & State: Port Charlotte, FL | City & State: Port Charlotte, FL |
| Zip: 33948 / Country: USA | Zip: 33948 / Country: USA |

1st MOORE CR2E037 (10/06)

4. FEI Number: 20-4462469 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| BALA, BRENDA<br>18501 MURDOCK CIRCLE, SUITE 301<br>PORT CHARLOTTE FL 33948 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City — FL — Zip Code |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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: President ☐ Delete<br>NAME: G. David Powell<br>STREET ADDRESS: 1043 Tropical Ave.<br>CITY-ST-ZIP: Port Charlotte, FL 33948 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |
| TITLE: Vice President ☐ Delete<br>NAME: Jean Farino<br>STREET ADDRESS: 414 East Charlotte Ave.<br>CITY-ST-ZIP: Punta Gorda, FL 33950 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |
| TITLE: Secretary ☐ Delete<br>NAME: Connie Thrasher<br>STREET ADDRESS: P.O. Box 380157<br>CITY-ST-ZIP: Port Charlotte, FL 33938-0157 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |
| TITLE: Treasurer ☐ Delete<br>NAME: Craig Brown<br>STREET ADDRESS: 21075 Quasada Ave.<br>CITY-ST-ZIP: Port Charlotte, FL 33948 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |
| TITLE: Director ☐ Delete<br>NAME: Emily Henson<br>STREET ADDRESS: 318 S. Tamiami Trail, Unit 219<br>CITY-ST-ZIP: Punta Gorda, FL 33950 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |
| TITLE: Director ☐ Delete<br>NAME: Sue Sifrit<br>STREET ADDRESS: 1016 Education Ave.<br>CITY-ST-ZIP: Port Charlotte, FL 33948 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** G. David Powell, President 3-7-07 (941) 255-9454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #