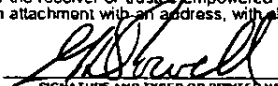


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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 18501 MURDOCK CIRCLE, SUITE 301 PORT CHARLOTTE FL 33948				Mailing Address 18501 MURDOCK CIRCLE, SUITE 301 PORT CHARLOTTE FL 33948	
2. Principal Place of Business - No P.O. Box # 1620 Tamiami Trail Suite, Apt. #, etc. Suite 103		3. Mailing Address 1620 Tamiami Trail Suite, Apt. #, etc. Suite 103			
City & State Port Charlotte, FL		City & State Port Charlotte, FL		4. FEI Number 20-4462469	
Zip 33948		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BALA, BRENDA 18501 MURDOCK CIRCLE, SUITE 301 PORT CHARLOTTE FL 33948				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 fee if applicable. (NOTE: Registered Agent signature required when reappointing)					
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 NAME STREET ADDRESS CITY-STATE-ZIP	President ☐ Delete G. David Powell 1043 Tropical Ave. Port Charlotte, FL 33948		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Vice President ☐ Delete Jean Farino 414 East Charlotte Ave. Punta Gorda, FL 33950		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Secretary ☐ Delete Connie Thrasher P.O. Box 380157 Port Charlotte, FL 33938-0157		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Treasurer ☐ Delete Craig Brown 21075 Quasada Ave. Port Charlotte, FL 33948		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director ☐ Delete Emily Henson 318 S. Tamiami Trail, Unit 219 Punta Gorda, FL 33950		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Director ☐ Delete Sue Sifrit 1016 Education Ave. Port Charlotte, FL 33948		TITLE NAME STREET ADDRESS CITY-STATE-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 3-7-07 255-9454 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		