

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002427

FILED
Aug 25, 2009
Secretary of State

Entity Name: PEACE RIVER HOUSING TRUST, INC.

Current Principal Place of Business:

1620 TAMIAMI TRAIL
SUITE 103
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

4344 LAURA STREET
PORT CHARLOTTE, FL 33980

Current Mailing Address:

1620 TAMIAMI TRAIL
SUITE 103
PORT CHARLOTTE, FL 33948

New Mailing Address:

4344 LAURA STREET
PORT CHARLOTTE, FL 33980

FEI Number: 20-4462469 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BALA, BRENDA
18501 MURDOCK CIRCLE, SUITE 301
PORT CHARLOTTE, FL 33948 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: P () Delete
Name: POWELL, DAVID G
Address: 1043 TROPICAL AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VP () Delete
Name: FARINO, JEAN
Address: 414 EAST CHARLOTTE AVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: S () Delete
Name: THRASHER, CONNIE
Address: PO BOX 380157
City-St-Zip: PORT CHARLOTTE, FL 33938

Title: T () Delete
Name: BROWN, GRAIG
Address: 21075 QUASADA AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: HENSON, EMILY
Address: 318 S TAMIAMI TR UNIT 219
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: SIFRIT, SUE
Address: 1016 EDUCATION AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: G DAVID POWELL

PRES

08/25/2009

Electronic Signature of Signing Officer or Director

Date