2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2008 8:00 am
Secretary of State
04-25-2008 90145 017 ****61.25

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1. Entity Name
PEACE RIVER CHAPTER BUILDING OFFICIALS ASSOCIATION OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
735 E. MAIN ST. BARTOW, FL 33831	735 E. MAIN ST. BARTOW, FL 33831

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04152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-1513018 ☐ 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
MATISON, MICHAEL E. 735 E. MAIN ST. BARTOW, FL 33831	Name: LEGEE, JIM Street Address (P.O. Box Number is Not Acceptable): 735 E MAIN ST City: BARTOW FL Zip Code: 33831

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: Jim C Legee 4/16/08
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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-ST-ZIP	D MATISON, MICHAEL P.O. BOX 188 AUBURNDALE, FL 33823	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P REYMAN, RICHARD 228 S. MASSACHUSETTS AVE LAKELAND FL 33801	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEGEE, JIM PO BOX 9005, DRAWER CS02 BARTOW, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LANKER, GARY PO BOX 1320 LAKE WALES, FL 33853	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T LANKER, GART 1963 S LAKE REGDY BLVD FROSTPROOF FL 33843	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BLOM, HERMAN 228 N. MASSACHUSETTS AVE. LAKELAND, FL 33801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TRUE, DONNIE 75 N. 7TH ST. EAGLE LAKE, FL 33839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, TIM 120 E. PAMELO ST. LAKE ALFRED, FL 33850	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SOPER RANDY 228 S MASSACHUSETTS AVE LAKELAND FL 33801	☐ Change ☑ 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: GARY LANKER 4/20/08 863-635-9366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RETURNED CORRECTED 7/12/08