

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08873

FILED
Apr 21, 2008
Secretary of State

Entity Name: PEACE RIVER CENTER PROPERTIES, INC.

Current Principal Place of Business:

1239 EAST MAIN STREET
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1559
BARTOW, FL 338311559

New Mailing Address:

FEI Number: 59-2527684

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KILEY, MARY LU
829 WOODWARD STREET
LAKELAND, FL 33803 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: D () Delete
Name: MILLER, RICHARD J
Address: 3912 CANYON LAKE POINT
City-St-Zip: LAKELAND, FL 33813 US

Title: S () Delete
Name: REED, STANLEY B
Address: 100 SOUTH KENTUCKY AVE. #230
City-St-Zip: LAKELAND, FL 33801 US

Title: T () Delete
Name: WEED, EDWARD G
Address: 5015 SOUTH FLORIDA AVE #101
City-St-Zip: LAKELAND, FL 33813 US

Title: VP () Delete
Name: PUTNAM, ABEL A
Address: POST OFFICE BOX 3545
City-St-Zip: LAKELAND, FL 338023545 US

Title: D () Delete
Name: MAENPAA, RICHARD
Address: 708 OAK FOREST DRIVE
City-St-Zip: WAUCHULA, FL 33873 US

Title: P () Delete
Name: KILEY, MARY LU
Address: 829 WOODWARD STREET
City-St-Zip: LAKELAND, FL 33803 US

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: D (X) Change () Addition
Name: LANGFORD, MARY K
Address: 1250 SCOTTSLAND DRIVE
City-St-Zip: LAKELAND, FL 33813 US

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: MARY LU KILEY

P

04/21/2008

Electronic Signature of Signing Officer or Director

Date