

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N20313 (5)**

1. Corporation Name

**PEACE RIVER VILLAGERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% GEORGE RADFORD  
2405 E HWY 60 LOT 78  
BARTOW FL 33830  
US% GEORGE RADFORD  
2405 E. HWY 60 LOT 78  
BARTOW FL 33830-8866  
US3. Date Incorporated or Qualified  
**04/23/1987**3a. Date of Last Report  
**02/13/1996**

2. Principal Place of Business

2a. Mailing Address

**21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23****28**

Zip

Country

Zip

Country

**24****25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RADFORD, GEORGE**  
**2405 E. HWY 60**  
**LOT 78**  
**BARTOW FL 33830****81** Name**82** Street Address (P.O. Box Number is Not Acceptable)**83****84** City**FL****85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RADFORD, GEORGE	
STREET ADDRESS	2405 HWY 60 E. LOT 78	
CITY-ST-ZIP	BARTOW FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, WILLIAM	
STREET ADDRESS	2405 SR 60 E LOT 18	
CITY-ST-ZIP	BARTOW FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ARMSTRONG, AL	
STREET ADDRESS	2405 SR 60 E LOT 51	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHARP, RON	
STREET ADDRESS	2405 SR 60E LOT 63	
CITY-ST-ZIP	BARTOW FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VICKERS, ANN	
STREET ADDRESS	2405 E. HWY 60, LOT 9	
CITY-ST-ZIP	BARTOW FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROYAL, SHIRLEY	
STREET ADDRESS	2405 E. HWY 60 LOT 47	
CITY-ST-ZIP	BARTOW FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hall, Sherry
2.3 STREET ADDRESS	2405 E. Hwy. 60, Lot 83
2.4 CITY-ST-ZIP	Bartow, Fl. 33830
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Browning, Ken
3.3 STREET ADDRESS	2405 E. Hwy 60, Lot 5
3.4 CITY-ST-ZIP	Bartow, Fl. 33830
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George Radford* *George Radford*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/08/97**Daytime Phone # **941-533-1761**

0063514

CR2E037 (9/96)