2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40846

FILED Apr 02, 2009 Secretary of State

Entity Name: THE PEACE RIVER REGION OF THE ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC.

Current Principal Place of Business: New Principal Place of Business: 150 W MCKENZIE STREET 26090 RAMPART BLVD PUNTA GORDA, FL 33983 114 PUNTA GORDA, FL 33950 **New Mailing Address: Current Mailing Address:** POST OFFICE BOX 510508 PUNTA GORDA, FL 33951 FEI Number: 65-0243658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TEETS, BRADLEY R LAMOINE, BARBARA 150 W MCKENZIE STREET 26090 RAMPART BLVD 114 PUNTA GORDA, FL 33983 US PUNTA GORDA, FL 33950 US 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: BARBARA LAMOINE 04/02/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HENRY, CRAIG Name: Name: 1849 JAMAICA WAY Address: Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: Title: VD () Delete Title: () Change () Addition HAWKINS, DON Name: Name: Address: 1461 NAVIGATOR ROAD Address: City-St-Zip: PUNTA GORDA, FL 33983 City-St-Zip: Title: () Delete Title: () Change () Addition WAGLEY, RUTH Name: Name: Address: 112 COUSLEY DRIVE Address: PORT CHARLOTTE, FL 33952 City-St-Zip: City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: LEMOINE, BARBARA Name: 26090 RAMPART BLVD Address: Address: City-St-Zip: PUNTA GORDA, FL 33983 City-St-Zip: Title: () Delete Title: () Change () Addition GREENWOOD, JAMES Name: Name: 810 VIA FORMIA Address: Address: City-St-Zip: PUNTA GORDA, FL 33950 City-St-Zip: Title: () Delete Title: (X) Change () Addition FIFER, DONALD DELZEITH, TED Name: Name: Address: 5322 JOHNSON TERRACE Address: 2446 MAURITANIA ROD PORT CHARLOTTE, FL 33981 PUNTA GORDA, FL 33983 City-St-Zip: 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: BARBARA LEMOINE TD 04/02/2009