

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:40

DOCUMENT # **N93000005062 (5)**

1. Corporation Name

PEACE RIVER WHEELMEN, INC.

Principal Place of Business

Mailing Address

**26170 MAMORA DRIVE
PORT CHARLOTTE FL 33983**

**P.O. BOX 4181
PORT CHARLOTTE FL 33949**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **11/05/1993** 3a. Date of Last Report **05/01/1994**

4. FBI Number **36 9569353** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOMEZ, CARL
26170 MAMORA DRIVE
PORT CHARLOTTE FL 33983**

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 **D**
NAME **GOMEZ, CARL**
STREET ADDRESS **2610 MAMORA DRIVE**
CITY - ST - ZIP **PORT CHARLOTTE FL 33983**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE **D**
NAME **VAN CLAUSBURCH, PAT C**
STREET ADDRESS **11239 FIRST AVENUE**
CITY - ST - ZIP **PUNTA GORDA FL 33955**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE **D**
NAME **BENN, DESMOND**
STREET ADDRESS **21012 DELAKE AVENUE**
CITY - ST - ZIP **PORT CHARLOTTE FL 33954**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE **D**
NAME **BIRD, A. JOHN**
STREET ADDRESS **25139 MARION AVE.**
CITY - ST - ZIP **PUNTA GORDA FL**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE **D**
NAME **WIERHAKE, STEVE**
STREET ADDRESS **26540 ASUNCION DRIVE**
CITY - ST - ZIP **PUNTA GORDA FL 33983**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Steve Wierhake

STEVE WIERHAKE

8/3/95

941 627 3069

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #