



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90009 015 ****61.25

DOCUMENT # N99000004407					
1. Entity Name PEACE VALLEY CAMP, INC.					
Principal Place of Business 3297 CR 664 BOWLING GREEN, FL 33834			Mailing Address 3297 CR 664 BOWLING GREEN, FL 33834		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-1051286				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HERRON, CLAUDEENE 3297 CR 664 BOWLING GREEN, FL 33834			Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 D NAME YATES, RICHARD STREET ADDRESS 410 SE THIRD ST CITY-ST-ZIP FORT MEADE, FL 33841	<input type="checkbox"/> Delete		TITLE D NAME Potter, Harry STREET ADDRESS 315 S. 8th Ave CITY-ST-ZIP Wauchula, FL 33873	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SHEPARD, DELILIA STREET ADDRESS 365 OLD DIXIE HWY. CITY-ST-ZIP BOWLING GREEN, FL 33834	<input type="checkbox"/> Delete		TITLE D NAME BRYAN, JEAN STREET ADDRESS P.O. BOX 465 CITY-ST-ZIP Bowling Green, FL 33834	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME HERRON, RONALD STREET ADDRESS P O BOX 694 CITY-ST-ZIP WAUCHULA, FL 33873	<input type="checkbox"/> Delete		TITLE D NAME BRYAN, JEAN STREET ADDRESS P.O. BOX 465 CITY-ST-ZIP Bowling Green, FL 33834	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME HERRON, CLAUDEENE STREET ADDRESS 3297 CR 664 CITY-ST-ZIP BOWLING GREEN, FL 33834	<input type="checkbox"/> Delete		TITLE D NAME BRYAN, JEAN STREET ADDRESS P.O. BOX 465 CITY-ST-ZIP Bowling Green, FL 33834	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME EVANS, LARRY STREET ADDRESS 301 LOUIS EDWARD CT. CITY-ST-ZIP LAKELAND, FL 33809	<input type="checkbox"/> Delete		TITLE D NAME BRYAN, JEAN STREET ADDRESS P.O. BOX 465 CITY-ST-ZIP Bowling Green, FL 33834	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I 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 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: <u>Ronald PK</u>			07 JAN 04 (863) 773-9072		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		