

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41213

FILED
Apr 30, 2009
Secretary of State

Entity Name: PEOPLE FOR PROTECTING PEACE RIVER, INC.

Current Principal Place of Business:

4224 SOLOMON ROAD
ONA, FL 33865 US

New Principal Place of Business:

Current Mailing Address:

4224 SOLOMON ROAD
ONA, FL 33865 US

New Mailing Address:

FEI Number: 65-0241208

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADER, DENNIS L
4224 SOLOMON ROAD
ONA, FL 33865 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: PD () Delete
Name: MADER, DENNIS L
Address: 4224 SOLOMON ROAD
City-St-Zip: ONA, FL 33865

Title: DVP () Delete
Name: MURRAY, PATTY
Address: 2616 BOYD COWART RD
City-St-Zip: WAUCHULA, FL 33873

Title: DT () Delete
Name: MCCLELLAN, BONNIE
Address: 3992 FUSSELL ROAD
City-St-Zip: BOWLING GREEN, FL 33824

Title: D () Delete
Name: CONNER, BRUCE
Address: 1035 IRVING AVENUE
City-St-Zip: BARTOW, FL 3423

Title: D () Delete
Name: MCCLELLAN, DONALD S
Address: 3992 FUSSELL ROAD
City-St-Zip: BOWLING GREEN, FL 33824

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: () 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: DENNIS MADER

PD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date