

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N41213

**Entity Name:** PEOPLE FOR PROTECTING PEACE RIVER, INC.

**Current Principal Place of Business:**

4224 SOLOMON ROAD  
ONA, FL 33865

**FILED**  
**Apr 10, 2021**  
**Secretary of State**  
**5585459701CC**

**Current Mailing Address:**

PO BOX 3354  
ARCADIA, FL 34265 US

**FEI Number: 65-0241208**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MADER, DENNIS L  
4224 SOLOMON ROAD  
ONA, FL 33865 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ARMSTRONG, BROOKS  
Address        7301 REDGE RAINEY ROAD  
City-State-Zip: ONA FL 33865

Title            TREASURER  
Name            ARMSTRONG, NANCY  
Address        7301 REDGE RAINEY ROAD  
City-State-Zip: ONA FL 33865

Title            DIRECTOR  
Name            HOLLENHORST, SARAH  
Address        9347 SW RACCOON TRAIL  
City-State-Zip: ARCADIA FL 34266

Title            VICE PRESIDENT  
Name            DEAN, LEON  
Address        3682 NW LIMESTONE HEIGHTS ST.  
City-State-Zip: ARCADIA FL 34266

Title            DIRECTOR  
Name            PAFFORD, THOMAS  
Address        4152 NW NORTH RD.  
City-State-Zip: ARCADIA FL 34266

Title            DIRECTOR  
Name            PAFFORD, JANE  
Address        4152 NW NORTH RD.  
City-State-Zip: ARCADIA FL 34266

Title            DIRECTOR  
Name            STINER, VICKIE  
Address        7211 SW ENVIRONMENTAL LAB  
City-State-Zip: ARCADIA FL 34266

*I hereby 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 all other like empowered.*

**SIGNATURE: NANCY R ARMSTRONG**

**TREASURER**

**04/10/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date