

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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 FEB 21 AM 9:49

DOCUMENT # **N09106 (8)**

1. Corporation Name
PEACE RIVER WILDLIFE CENTER, INC.

Principal Place of Business Mailing Address
3400 W. MARION AVE. 3400 W. MARION AVE.
PO BOX 312209-3400 W. MARION AVE. PO BOX 312209-3400 W. MARION AVE.
PUNTA GORDA FL 33951-9209 33950 PUNTA GORDA FL 33951-9209 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/02/1985** 3a. Date of Last Report **08/23/1994**
4. FEI Number **59-2535665** 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 \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address
21 3400 W. MARION AVE. 26 3400 W. MARION AVE.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
23 PUNTA GORDA FL 28 PUNTA GORDA FL
City & State City & State
24 33950 25 CHARLOTTE 29 33950 30 CHARLOTTE
Zip Country Zip Country

9. Name and Address of Current Registered Agent
**GINGERICH, JERRY L D.V.M.
25122 MARION AVE
PUNTA GORDA FL 33950**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Jerry L. Gingerich Jerry L. Gingerich 2-16-95
Signature, name or printed name of registered agent and title if applicable (NOTE: Registered agent cannot be removed without re-filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISEBROW, ALBERT	1.2 NAME	
STREET ADDRESS	3430 ST. CROIX CT.	1.3 STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA FL 33950	1.4 CITY- ST- ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUSTER, MAUREEN I	2.2 NAME	
STREET ADDRESS	3612 BON AIRE CT.	2.3 STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA FL	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORNEMAN, BARBARA	3.2 NAME	
STREET ADDRESS	2517 RIC PALERMO CT.	3.3 STREET ADDRESS	
CITY- ST- ZIP	PUNTA GORDA FL 33950	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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 199.032(3)(b), 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: Maureen I. Yuster Maureen I. Yuster 1/14/95 8136373830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR