.. FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 4 Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N09106

(8)

PEACE RIVER WILDLIFE CENTER, INC.

FILED Mar 25 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address										
3400 W. MARK PUNTA GORDA		3400 W. MARION AVE. PUNTA GORDA FL 3395	50							
US		U\$				3. Date Incorporated or Qualified 05/02/1985		ate of Las 02/21/	1995	
6 Dissipal Dia	no of Business	2a. Mailing Address				4 FEI Number			Applied For	
2. Principal Pla 21 -	2. Philippi Place of Educations					(59-2535665)			Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State				Election Campaign Financing Trust Fund Contribution	ust Fund Contribution Added to Fees			
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for in	itangible t	ax under	s. 199.032,	
24	25	29	30		_,		Yes [
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Ro	gistered	Agent		
				81	Name					
GINGERI	CH, JERRY L D.V.M.		82			Address (P.O. Box Number is Not Acceptable)				
25122 MARION AVE										
PUNTA (GORDA FL 33950			83						
				84	City		FI	85	Zip Code	
				<u> </u>	L	the ship statement for the pur		nanging it	ts registered office	
11. Pursuant i or register	to the provisions of Sections 617.050 red agent, or both, in the State of Flor	2 and 617.1508, Florida Statut ida. Such change was authoriz tion 617.0503. Florida Statute	tes, the abo zed by the s.	corp	named corp poration's bo	poration submits this statement for the pur pard of directors. I hereby accept the appo	intment a	is register	red agent. I am	
li .	tri, and accept the congations of, esc	don on ibove,						<u>-</u>		
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (N			nt signature requ	lired when reinstating)	DATE	JD DIBEC	YORS IN 12	
12.		ND DIRECTORS	13.			DI CHANGES TO OFF	~~	Chang	ge Addition	
TITLE	PD		1.1 T			MISTERW, Albrie	CHO!	—	,	
NAME	RISEBROW, ALBERT			NAME	-	2430 St. Croix C	1.			
STREET ADDRESS	3430 ST. CROIX CT.				T ADDRESS	PULHA GORDA D1. 339				
CITY - ST - ZIP	PUNTA GORDA FL 33950				ST-ZIP	PUDER GOLNA & C. 337		Chan	ige 🔲 Addition	
TITLE	(TD	DELETE		TITLE	. [,	(0)			
NAME	YUSTER, MAUREEN I			NAME	1			,	no chongs	
STREET ADDRESS	3612 BON AIRE CT.				T ADDRESS				•	
CITY-ST-ZIP	PUNTA GORDA FL			CITY- TITLE	- ST - ZIP	Decinate -	ω	Chan	nge Addition	
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NAME	BORNEMAN, BARBARA	•	1		ET ADDRESS	2510 RIO PALZEMO CH				
STREET ADDRESS	2517 RIC PALERMO CT.				-ST-ZIP	Ningala Pouta	SoraA,	PC 33	195O	
CITY-ST-ZIP	PUNTA GORDA FL 33950	DELETE		TITLE		Rocze bueton (21	Char		
TITLE		Пресеце	li li	NAM		KUG-72 CURTON	ريد			
NAME		, , ,	5 m m ,		ET ADDRESS	Vice Primore	£			
STREET ADDRESS					-ST-ZIP	3054 DSPOSTIN DKM	2060			
CITY-ST-ZIP		DELETE		TITLE		PUPPOR GORDAY CL 3	שנוני	☐ Char	nge 🔲 Addition	
TITLE		 · -		NAM	1	•				
NAME					ET ADDRESS					
STREET ADDRESS	·				-ST-ZIP	_				
CITY - ST - ZIP		DELETE		TITLE		4000017 -03/26/9601	568	3 🗗 🐿	nge 🔲 Addition	
TITLE		—	6.2	NAM	16	-03/26/9601	032	-021		
NAME CTOCCT ADDRESS			63	STRE	EET ADDRESS	***61.25				

6.4 CITY-ST-ZIP

STREET ADDRESS

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 119.07(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 cath; 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.