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Jun 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09106

1. Corporation Name
PEACE RIVER WILDLIFE CENTER, INC.

Principal Place of Business 3400 W. MARION AVE. PUNTA GORDA FL 33950 US	Mailing Address 3400 W. MARION AVE. PUNTA GORDA FL 33950 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/02/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2535665
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RISEBROW, ALBERT	1.2 NAME	Kinney, Karen J
STREET ADDRESS	3430 ST, CROIX CT.	1.3 STREET ADDRESS	23088 Roundtree Ave
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	Port Charlotte, FL 33980
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YUSTER, MAUREEN I	2.2 NAME	Gingerich, Jenny
STREET ADDRESS	3612 BON AIRE CT.	2.3 STREET ADDRESS	25120 Marion Ave
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURTON, ROGER	3.2 NAME	FIORE, Cindy
STREET ADDRESS	2024 DEBORAH DRIVE	3.3 STREET ADDRESS	3300 Tamiami Trail, Ste 103
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWFIELD, PAUL	4.2 NAME	Harris, Nicki
STREET ADDRESS	P O BOX 51407	4.3 STREET ADDRESS	3942 La Costa Island Court
CITY-ST-ZIP	PUNTA GORDA FL 33951	4.4 CITY-ST-ZIP	Punta Gorda, FL 33950
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hamilton, Greg	5.2 NAME	
STREET ADDRESS	407 Orlando Blvd	5.3 STREET ADDRESS	
CITY-ST-ZIP	Port Charlotte, FL 33954	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Pappa, John	6.2 NAME	
STREET ADDRESS	208 Corumba St	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA, FL 33983	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ DATE: 6/21/99 DAYTIME PHONE #: 941-629-8111

CR2E037 (11/98)