


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90578 014 ****61.25

DOCUMENT # N09106			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
8. 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. I am familiar with, and accept the obligations of registered agent.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FIORE, CYNTHIA 3138 SCRANTON STREET PORT CHARLOTTE, FL 33952		Name BARBARA DEEBLE Street Address (P.O. Box Number is Not Acceptable) 109 W TARPON BLVD City PORT CHARLOTTE FL Zip Code 33952	
SIGNATURE <i>Barbara Deeble</i>		DATE 4/12/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			
TITLE	D MC ELWEE	<input type="checkbox"/> Delete	
NAME	MALEWGE, FRANCIS		
STREET ADDRESS	2354 TRITON TERRACE		
CITY-ST-ZIP	PUNTA GORDA, FL 33983		
TITLE	VP	<input checked="" type="checkbox"/> Delete	
NAME	FIORE, CINDY		
STREET ADDRESS	3300 TAMiami TRAIL STE 103		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE	DP	<input checked="" type="checkbox"/> Delete	
NAME	HAMILTON, GREG		
STREET ADDRESS	407 ORLANDO BLVD		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		
TITLE	T HAVLIK,	<input type="checkbox"/> Delete	
NAME	HAVLIK, HUGH		
STREET ADDRESS	109 W TARPON BLVD		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE	DS CARRIERE	<input type="checkbox"/> Delete	
NAME	CARRIBRE, DAWN		
STREET ADDRESS	25865 PRADA DR		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DONNA VAN GORP		
STREET ADDRESS	2466 NEWBURY ST		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		
TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BARBARA DEEBLE-		
STREET ADDRESS	154 MORGAN LANE		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		
TITLE	MEDICAL DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CYNTHIA FIORE		
STREET ADDRESS	3138 SCRANTON ST.		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Barbara Deeble</i>		DATE: 4/11/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE #: (941) 875-4653	