


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90004 017 ****61.25

DOCUMENT # N09106
 1. Entity Name
PEACE RIVER WILDLIFE CENTER, INC.



40026334



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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip

Country

Country

02052007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2535665

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DEEBLE, BARBARA
109 W TARPON BLVD
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
D
 NAME **JENKINS, ROBIN**
 STREET ADDRESS **3639 ALLAPATCHEE DR**
 CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE Change Addition

TITLE Delete
DVP
 NAME **VAN GORP, DONNA**
 STREET ADDRESS **2466 NEWBURY SYT**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE Change Addition

TITLE Delete
DP
 NAME **DEEBLE, BARBARA**
 STREET ADDRESS **154 MORGAN LANE**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE Change Addition

TITLE Delete
T
 NAME **SCHMIDT, NORMAN**
 STREET ADDRESS **4333 MCCULLOUGH ST**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE Change Addition

TITLE Delete
DS
 NAME **CARRIERE, DAWN**
 STREET ADDRESS **25865 PRADA DR**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE Change Addition
D. Holly Gunsher
3221 White Ibis Ct.
Punta Gorda, FL 33950

TITLE Delete
MD
 NAME **FIORE, CYNTHIA**
 STREET ADDRESS **3138 SCRANTON ST**
 CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **NORMAN E. SCHMIDT, JR.** **2/26/2007** **(941) 625-7023**