

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 11, 2008  
Secretary of State

DOCUMENT# N09106

Entity Name: PEACE RIVER WILDLIFE CENTER, INC.

**Current Principal Place of Business:**

3400 W. MARION AVE.  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

3400 W. MARION AVE.  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

FEI Number: 59-2535665      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DEEBLE, BARBARA  
109 W TARPON BLVD  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JENKINS, ROBIN  
Address: 3639 ALLAPATCHEE DR  
City-St-Zip: PUNTA GORDA, FL 33950

Title: DVP (X) Delete  
Name: VAN GORP, DONNA  
Address: 2466 NEWBURY SYT  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DP ( ) Delete  
Name: DEEBLE, BARBARA  
Address: 154 MORGAN LANE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete  
Name: SCHMIDT, NORMAN  
Address: 4333 MCCULLOUGH ST  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D ( ) Delete  
Name: GUNSHER, HOLLY  
Address: 3221 WHITE IBIS CT  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MD ( ) Delete  
Name: FIORE, CYNTHIA  
Address: 3138 SCRANTON ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: JENKINS, ROBIN  
Address: 3639 ALLAPATCHEE DR  
City-St-Zip: PUNTA GORDA, FL 33950

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN JENKINS

VP

01/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date