

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09106

FILED
Jan 11, 2009
Secretary of State

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 (X)

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:

JENKINS, ROBIN
3639 ALLAPATCHEE DRIVE
PUNTA GORDA, FL 33950 US

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: ROBIN JENKINS, D.V.M.

01/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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, D.V.M.

DP

01/11/2009

Electronic Signature of Signing Officer or Director

Date