

Amended A/R

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

09 JUL 17 PM 4:03

CLERK OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # **NO9106**

1. Entity Name
PEACE RIVER WILDLIFE CENTER INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3400 W. MARION AVE

Suite, Apt #, etc

3. Mailing Address
3400 W. MARION AVE

Suite, Apt. #, etc,

City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA, FL

Zip
33950-6312

Country

Zip
33950-6312

Country

4. FEI Number
59-2535665

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **ROBIN JENKINS**

Street Address (P.O. Box Number is Not Acceptable)
3639 ALLAPATCHEE DRIVE

City **PUNTA GORDA** FL Zip Code **33950**

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 **Robin Jenkins** DATE **7/14/09**

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Robin Jenkins 3639 Allapatchee Drive Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jessie Varnarn 373 Rio De Janciro Ave Punta Groda, FL 33893
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Judy Liccini 20 Carrotwood CT Fort Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maryann Sakamoto 18145 Burkholder St Port Charlotte, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fundraising Carol Thorn 3821B Tamiami Trail #330 Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200158624422 07/17/09--01032--004 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Judy Liccini (Treasurer)** DATE **7/14/09** (941) 575-1152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #