2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2025
Secretary of State
0898829139CC

DOCUMENT# 712968

Entity Name: PEACE RIVER CENTER FOR PERSONAL DEVELOPMENT, INC.

Current Principal Place of Business:

1239 EAST MAIN STREET
BARTOW, FL 33830

Current Mailing Address:

PO BOX 1559
BARTOW, FL 33831

FEI Number: 59-0818924

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, JR., LARRY G.
1239 EAST MAIN STREET
BARTOW, FL 33830 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: LARRY G. WILLIAMS, JR. 01/06/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY
Name	BAGGETT, PAUL MAJOR
Address	2278 LONGLEAF CIRCLE
City-State-Zip:	LAKELAND FL 33809

Title	VC
Name	DORSETT, AL
Address	262 WOOD HALL DRIVE
City-State-Zip:	MULBERRY FL 33860

Title	DIRECTOR
Name	REED, STANLEY B.
Address	POST OFFICE BOX 1645
City-State-Zip:	LAKELAND FL 33802

Title	DIRECTOR
Name	WALSH, LORI
Address	745 CRESCENT HILLS DR
City-State-Zip:	LAKELAND FL 33813

Title	CHAIRMAN
Name	GOLOTKO, PETER C.
Address	205 EAST ORANGE STREET THIRD FLOOR
City-State-Zip:	LAKELAND FL 33801

Title	DIRECTOR
Name	DEE, CHERYL PH.D.
Address	2215 JONILA AVENUE
City-State-Zip:	LAKELAND FL 33803

Title	2ND VICE CHAIR
Name	BODOLAY, ROBERT S.
Address	91 LAKE MORTON DRIVE
City-State-Zip:	LAKELAND FL 33801

Title	DIRECTOR
Name	FLOYD, IAN
Address	6233 RIVERLAKE LN
City-State-Zip:	BARTOW FL 33830

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I hereby 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 all other like empowered.

SIGNATURE: PAUL BAGGETT SECRETARY 01/06/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TREASURER
Name	BAKER, CINDY
Address	427 LAKE NED RD
City-State-Zip:	WINTER HAVEN FL 33884

Title	DIRECTOR
Name	ROBARE, BRIAN
Address	6512 EMERALD WOODS LN
City-State-Zip:	LAKELAND FL 33813

Title	CFO
Name	TOURNADE, DAVID
Address	PO BOX 1559
City-State-Zip:	BARTOW FL 33831-1559

Title	DIRECTOR
Name	CANNON, CARA DR.
Address	1414 SPRUCE RD S
City-State-Zip:	LAKELAND FL 33809

Title	DIRECTOR
Name	VILLARREAL, LAURA
Address	1950 N LAKE ELOISE DR
City-State-Zip:	WINTER HAVEN FL 33884

Title	COO
Name	BARNES, CANDACE
Address	PO BOX 1559
City-State-Zip:	BARTOW FL 33831-1559