

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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.

01/03/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MICALLEF, MICHAEL JR.
Address 5170 HIGHLANDS BY THE LAKE
DRIVE
City-State-Zip: LAKELAND FL 33812

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 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

Continues on page 2

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

01/03/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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 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