

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005849

**FILED**  
**Mar 26, 2021**  
**Secretary of State**  
**5032497372CC**

**Entity Name:** PEACE RIVER COOPERATIVE CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

210 METHENY ROAD  
WAUCHULA, FL 33873

**Current Mailing Address:**

P O BOX 1310  
WAUCHULA, FL 33873

**FEI Number:** 20-4064056

**Certificate of Status Desired:** Yes

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

LEMLEY, ADAM TUCKER  
210 METHENY RD  
WAUCHULA, FL 33873 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:** ADAM LEMLEY

03/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HODGE, WILLIAM E  
Address        210 METHENY ROAD  
City-State-Zip: WAUCHULA FL 33873

Title           CHAIRMAN  
Name           HAMEL, ELLEN  
Address        210 METHENY ROAD  
City-State-Zip: WAUCHULA FL 33873

Title           DIRECTOR  
Name           BALISTRERI, TOM  
Address        210 METHENY ROAD  
City-State-Zip: WAUCHULA FL 33873

Title           VC  
Name           BEHRENS, BRUCE  
Address        210 METHENY ROAD  
City-State-Zip: WAUCHULA FL 33873

Title           DIRECTOR  
Name           WADSWORTH, WINNIE  
Address        210 METHENY ROAD  
City-State-Zip: WAUCHULA FL 33873

Title           DIRECTOR  
Name           HACKLE, THOMAS  
Address        210 METHENY ROAD  
City-State-Zip: WAUCHULA FL 33873

Title           DIRECTOR  
Name           SMITH, MILDRED  
Address        210 METHENY ROAD  
City-State-Zip: WAUCHULA FL 33873

Title           SECRETARY  
Name           ACKERLY, CAROL  
Address        210 METHENY ROAD  
City-State-Zip: WAUCHULA FL 33873

**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:** BRUCE BEHRENS

3/26/2021

03/26/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            HARRISON, MATT  
Address        210 METHENY ROAD  
City-State-Zip: WAUCHULA FL 33873