

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000005849

**FILED**  
**Mar 30, 2018**  
**Secretary of State**  
**CC3865427505**

**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

03/30/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name GUGLE, PATRICIA  
Address 3642 COLLEGE HILL ROAD  
City-State-Zip: BOWLING GREEN FL 33834

Title TREASURER  
Name HODGE, WILLIAM E  
Address 754 SUMNER RD  
City-State-Zip: WAUCHULA FL 33873

Title DIRECTOR  
Name LIPE, JOHN  
Address 9080 SW LIPE ROAD  
City-State-Zip: ARCADIA FL 34269

Title CHAIRMAN  
Name HAMEL, ELLEN  
Address 6218 68TH DRIVE EAST  
City-State-Zip: PALMETTO FL 34221

Title VC  
Name ALEXANDER, MARK  
Address 8726 53RD PLACE EAST  
City-State-Zip: BRADENTON FL 34211

Title DIRECTOR  
Name BEHRENS, BRUCE  
Address 6604 189TH STREET E  
City-State-Zip: BRADENTON FL 34211

Title DIRECTOR  
Name WADSWORTH, WINNIE  
Address 3044 DOC LINDSEY RD  
City-State-Zip: FT. MEADE FL 33841

Title DIRECTOR  
Name HACKLE, THOMAS  
Address PO BOX 7606  
City-State-Zip: INDIAN LAKE ESTATES FL 33855

**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:** MARK ALEXANDER

VICE CHAIRMAN

03/30/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SMITH, MILDRED  
Address        PO BOX 502  
City-State-Zip: WAUCHULA FL 33873