

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005849

FILED
Mar 26, 2019
Secretary of State
8908456789CC

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

03/26/2019

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

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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: MARK ALEXANDER

VICE CHAIRMAN

03/26/2019

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