

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

DOCUMENT# N09106

**FILED**  
**Jan 29, 2018**  
**Secretary of State**  
**CC2016626874**

**Entity Name:** PEACE RIVER WILDLIFE CENTER, INC.

**Current Principal Place of Business:**

3400 PONCE DE LEON PKWY  
PUNTA GORDA, FL 33950-6312

**Current Mailing Address:**

3400 PONCE DE LEON PKWY  
PUNTA GORDA, FL 33950-6312 US

**FEI Number:** 59-2535665

**Certificate of Status Desired:** No

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

STAHL, CALLIE  
3400 PONCE DE LEON PKWY  
PUNTA GORDA, FL 33950-6312 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:** CALLIE STAHL

01/29/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CAMPAGNA, PAT  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title DIRECTOR  
Name PRIER, ROBERT  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title VP  
Name WIDMEYER, STEVE  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title TREASURER  
Name GLASSMAN, EILEEN  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name JAY, GLYNN  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950

Title PRESIDENT  
Name JERRY, JONES  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950

Title CEO  
Name STAHL, CALLIE  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR  
Name BENANDE, JOHN  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

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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:** CALLIE STAHL

**EXECUTIVE DIRECTOR**

01/29/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PLATT, JERRY  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title DIRECTOR  
Name WESTON, RUSS  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title DIRECTOR  
Name CLARK, PAUL  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312