

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09106

**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:**

LAPOINTE, TRICIA  
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:** TRICIA LAPOINTE

03/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title SECRETARY  
Name LAPOINTE, TRICIA  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title DIRECTOR  
Name BENANDE, JOHN  
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

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

Title PRESIDENT  
Name WALKER, NORINE  
Address 3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

Title TREASURER  
Name LIPHART, CARY  
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:** TRICIA LAPOINTE

**EXECUTIVE DIRECTOR**

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           CORRESPONDING SECRETARY  
Name           CROFT, LOIS  
Address        3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312

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

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

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

Title           DIRECTOR  
Name           PARR, JOSEPH DR.  
Address        3400 PONCE DE LEON PKWY  
City-State-Zip: PUNTA GORDA FL 33950-6312