

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90004 017 ****61.25

DOCUMENT # N09106

1. Entity Name
PEACE RIVER WILDLIFE CENTER, INC.



Principal Place of Business
**3400 W. MARION AVE.
PUNTA GORDA, FL 33950 US**

Mailing Address
**3400 W. MARION AVE.
PUNTA GORDA, FL 33950 US**

40026334



02052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2535665

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DEEBLE, BARBARA
109 W TARPON BLVD
PORT CHARLOTTE, FL 33952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **JENKINS, ROBIN**
STREET ADDRESS **3639 ALLAPATCHEE DR**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DVP** ☐ Delete
NAME **VAN GORP, DONNA**
STREET ADDRESS **2466 NEWBURY SYT**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **DEEBLE, BARBARA**
STREET ADDRESS **154 MORGAN LANE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **SCHMIDT, NORMAN**
STREET ADDRESS **4333 MCCULLOUGH ST**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33948**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Delete
NAME **CARRIERE, DAWN**
STREET ADDRESS **25865 PRADA DR**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D. Holly Gunsher** ☐ Change ☒ Addition
NAME
STREET ADDRESS **3221 White Ibis Ct.**
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **MD** ☐ Delete
NAME **FIORIE, CYNTHIA**
STREET ADDRESS **3138 SCRANTON ST**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norman E. Schmidt, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman E. Schmidt, Jr.

2/26/2007
Date

(941) 625-7023
Daytime Phone #