

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719357

FILED
Jan 23, 2009
Secretary of State

Entity Name: PANHANDLE ANIMAL WELFARE SOCIETY, INC.

Current Principal Place of Business:

752 LOVEJOY ROAD
FT. WALTON BEACH, FL 325483845 US

New Principal Place of Business:

Current Mailing Address:

752 LOVEJOY ROAD
FT. WALTON BEACH, FL 325483845 US

New Mailing Address:

FEI Number: 59-0815515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINTRODE, JERRIFER A
218 MOONLIGHT BAY DR.
PANAMA CITY BEACH, FL 32407 US

Name and Address of New Registered Agent:

WINTRODE, JENNIFER A
218 MOONLIGHT BAY DR.
PANAMA CITY BEACH, FL 32407 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: JENNIFER WINTRODE 01/23/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCORMICK, SCOTT
Address: 17 S.E. EGLIN PKWY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP () Delete
Name: HOLCOMBE, RANDALL
Address: 1250 N. EGLIN PKWY
City-St-Zip: SHALIMAR, FL 32579

Title: ST () Delete
Name: BENOIT, MARGE
Address: 342 CORAL DRIVE
City-St-Zip: FT. WALTON BEACH, FL 32548

Title: ASD () Delete
Name: THOMPSON-POIRRIER, DEE M
Address: 752 LOVEJOY RD
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MIXON, PAT
Address: 255 N.W. SLEEPY OAKS LANE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: P (X) Change () Addition
Name: HOLCOMBE, RANDALL
Address: 1250 N. EGLIN PKWY
City-St-Zip: SHALIMAR, FL 32579

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RANDALL HOLCOMBE P 01/23/2009

Electronic Signature of Signing Officer or Director Date