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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90060 014 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 764834**

1. Corporation Name

**PANHANDLE CRIME STOPPERS, INC.**

Principal Place of Business  
 P.O. BOX 1776  
 PANAMA CITY FL 32402-1776

Mailing Address  
 P.O. BOX 1776  
 PANAMA CITY FL 32402-1776



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

**09/07/1982**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

**59-2235879**

Not Applicable

City & State

City & State

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23

28

Zip Country

Zip Country

6. Election Campaign Financing

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEWMAN, JOHN E**  
**1336 FLORIDA AVE.**  
**PANAMA CITY FL 32401**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD**  DELETE  
 NAME **RICHARD A MCKINNEY**  
 STREET ADDRESS **1000 W 11TH ST**  
 CITY-ST-ZIP **PANAMA CITY FL 32402**

1.1 TITLE **THOM CASSIDY PD**  Change  Addition  
 1.2 NAME **304 MAUNDIA RD.**  
 1.3 STREET ADDRESS **PANAMA CITY, FL 32401**  
 1.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **LEE, R.E.**  
 STREET ADDRESS **17642 FRONT BCH ROAD #E7**  
 CITY-ST-ZIP **PANAMA CITY BCH FL**

2.1 TITLE **SD**  Change  Addition  
 2.2 NAME **DEE CASSIDY**  
 2.3 STREET ADDRESS **1038 HARRISON AVE.**  
 2.4 CITY-ST-ZIP **PANAMA CITY FL 32401**

TITLE **SO D**  DELETE  
 NAME **CONNIE FOSTER**  
 STREET ADDRESS **2704 PEMBROKE DR**  
 CITY-ST-ZIP **PANAMA CITY FL 32405**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **NEWMAN, JOHN**  
 STREET ADDRESS **1336 FLORIDA AVE**  
 CITY-ST-ZIP **PANAMA CITY FL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **D**  DELETE  
 NAME **ABBOTT, CHARLES**  
 STREET ADDRESS **707 E. 5TH ST.**  
 CITY-ST-ZIP **LYNN HAVEN FL 32444**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **SO D**  DELETE  
 NAME **HAGAN, JOHN P**  
 STREET ADDRESS **219 COLLINFURST SQ**  
 CITY-ST-ZIP **PANAMA CITY FL 32404**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

(850) 785-6153

Daytime Phone #

CR2E037 (1/198)