

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Dec 16, 2009
Secretary of State**

DOCUMENT# 764834

Entity Name: PANHANDLE CRIME STOPPERS, INC.

Current Principal Place of Business:5700 STAR LANE
PANAMA CITY, FL 32404 17**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1776
PANAMA CITY, FL 32402 17**New Mailing Address:**

FEI Number: 59-2235879

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:NEWMAN, JOHN E
5700 STAR LANE
PANAMA CITY, FL 32404 US**Name and Address of New Registered Agent:**NEWMAN, JOHN E
1336 FLORIDA AVENUE
PANAMA CITY, FL 32401 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: JOHN E. NEWMAN

12/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PD () Delete
Name: HUDSON, WILLIAM G
Address: 5700 STAR LANE
City-St-Zip: PANAMA CITY, FL 32404Title: VPD () Delete
Name: TINNEY, JOHN R
Address: 5700 STAR LANE
City-St-Zip: PANAMA CITY, FL 32404Title: TD () Delete
Name: WAHLBERG, RANDY
Address: 5700 STAR LANE
City-St-Zip: PANAMA CITY, FL 32404Title: D () Delete
Name: GULKIS, NORM
Address: 5700 STAR LANE
City-St-Zip: PANAMA CITY, FL 32404**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip: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: JOHN E. NEWMAN

RA

12/16/2009

Electronic Signature of Signing Officer or Director

Date