


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State


05-04-2004 90141 028 ****61.25

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| DOCUMENT # N93000003735 |  |
| 1. Entity Name PANHANDLE PIONEER SETTLEMENT, INC. | |

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| Principal Place of Business SAM ADKINS PARK RD. PO BOX 215 BLOUNTSTOWN, FL 32424 | Mailing Address SAM ADKINS PARK RD. PO BOX 215 BLOUNTSTOWN, FL 32424 |
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DO NOT WRITE IN THIS SPACE

YN **14021373**



03042004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 59-3198852 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SMITH, WILLARD ROUTE 1 BOX 138 BLOUNTSTOWN, FL 32424 | DO NOT WRITE IN THIS SPACE |
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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 *Imogene P. Waterson* *Imogene P. Waterson* *4/27/04*
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE
Board Member Secretary

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| Filing Fee is \$61.25 Due by May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SMITH, WILLARD RT. 1, BOX 138 N/A BLOUNTSTOWN, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SMITH, LINDA RT. 1, BOX 138 N/A BLOUNTSTOWN, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S D WATERSON, IMOGENE 17042 NW FIRST STREET BLOUNTSTOWN, FL 32424 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD JOHNSON, HOWARD JR P.O. BOX 776 N/A BLOUNTSTOWN, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM WOOD, ADRIENNE 9530 SE CR 69 BLOUNTSTOWN, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM SETTLEMIRE, KENNETH 17037 NW CR 715 ALTHA, FL 32421 |

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12. 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Imogene P. Waterson* *Sec + Board Member* *4/27/04* *850-671-5687*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
850-674-5687