

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003735

FILED
Apr 30, 2008
Secretary of State

Entity Name: PANHANDLE PIONEER SETTLEMENT, INC.

Current Principal Place of Business:

SAM ADKINS PARK RD.
PO BOX 215
BLOUNTSTOWN, FL 32424

New Principal Place of Business:

17798 PIONEER SETTLEMENT ROAD
BLOUNTSTOWN, FL 32424

Current Mailing Address:

SAM ADKINS PARK RD.
PO BOX 215
BLOUNTSTOWN, FL 32424

New Mailing Address:

FEI Number: 59-3198852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, WILLARD
ROUTE 1 BOX 138
BLOUNTSTOWN, FL 32424 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, WILLARD
Address: RT. 1, BOX 138 N/A
City-St-Zip: BLOUNTSTOWN, FL

Title: VD () Delete
Name: SMITH, LINDA
Address: RT. 1, BOX 138 N/A
City-St-Zip: BLOUNTSTOWN, FL

Title: S () Delete
Name: WATERSON, IMOGENE
Address: 17042 NW FIRST STREET
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: TD () Delete
Name: JOHNSON, HOWARD JR
Address: P.O. BOX 776 N/A
City-St-Zip: BLOUNTSTOWN, FL

Title: BM () Delete
Name: WOOD, ADRIENNE
Address: 9530 SE CR 69
City-St-Zip: BLOUNTSTOWN, FL

Title: BM () Delete
Name: SETTLEMIRE, KENNETH
Address: 17037 NW CR 715
City-St-Zip: ALTHA, FL 32421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: BM (X) Change () Addition
Name: J. P., DUNBAR
Address: 20781 SE SHERRY AVENUE
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: TD (X) Change () Addition
Name: JOHNSON, HOWARD JR
Address: P.O. BOX 776 N/A
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: BM (X) Change () Addition
Name: PLUMMER, JO
Address: P.O. BOX 214
City-St-Zip: BLOUNTSTOWN, FL 32424

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: WILLARD SMITH

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date