

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764834

Entity Name: PANHANDLE CRIME STOPPERS, INC.

Current Principal Place of Business:

14120 BIG ISLAND POND ROAD
PANAMA CITY, FL 32409

Current Mailing Address:

P.O. BOX 36235
PANAMA CITY, FL 32412 US

FEI Number: 59-2235879

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STANLEY E. PEACOCK, P.A.
848 JENKS 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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT
Name TABATT, JERRY
Address P.O. BOX 36235
City-State-Zip: PANAMA CITY FL 32412

Title DIRECTOR
Name PEEL, DEBRA
Address P.O. BOX 36235
City-State-Zip: PANAMA CITY FL 32412

Title TREASURER
Name RUSSELL, JAMES H
Address P.O. BOX 36235
City-State-Zip: PANAMA CITY FL 32412

Title DIRECTOR
Name HALL, PATRICK
Address P.O. BOX 36235
City-State-Zip: PANAMA CITY FL 32412

Title DIRECTOR
Name MILLER, BRIAN
Address P.O. BOX 36235
City-State-Zip: PANAMA CITY FL 32412

Title DIRECTOR
Name DEAS, SUSAN
Address P.O. BOX 36235
City-State-Zip: PANAMA CITY FL 32412

Title VP
Name ECKHARDT, SHERRI
Address P.O. BOX 36235
City-State-Zip: PANAMA CITY FL 32412

Title DIRECTOR
Name PEACOCK, STANLEY E.
Address P.O. BOX 36235
City-State-Zip: PANAMA CITY FL 32412

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I hereby 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 all other like empowered.

SIGNATURE: JESSICA CHASE

SECRETARY

04/19/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MIKE, ODOM
Address P.O. BOX 36235
City-State-Zip: PANAMA CITY FL 32412

Title SECRETARY
Name CHASE, JESSICA
Address P.O. BOX 36235
City-State-Zip: PANAMA CITY FL 32412