

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Mar 24, 2020**

**Secretary of State  
5036138528CC**

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            DIRECTOR  
Name            RUSSELL, JAMES JR.  
Address        P.O. BOX 36235  
City-State-Zip: PANAMA CITY FL 32412

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

**Continues on page 2**

*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**

**03/24/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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