2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764834

Entity Name: PANHANDLE CRIME STOPPERS, INC.

Current Principal Place of Business:

10805 CEDAR RIDGE LANE SOUTHPORT, 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

FILED Feb 22, 2023

Secretary of State

3503836917CC

Officer/Director Detail:

TitlePRESIDENTTitleDIRECTORNameRUSSELL, JAMES HNamePEEL, DEBRAAddressP.O. BOX 36235AddressP.O. BOX 36235

City-State-Zip: PANAMA CITY FL 32412 City-State-Zip: PANAMA CITY FL 32412

TitleTREASURERTitleDIRECTORNameRUSSELL, JAMES HNameHALL, PATRICKAddressP.O. BOX 36235AddressP.O. BOX 36235

City-State-Zip: PANAMA CITY FL 32412 City-State-Zip: PANAMA CITY FL 32412

TitleDIRECTORTitleDIRECTORNameMILLER, BRIANNameDEAS, SUSANAddressP.O. BOX 36235AddressP.O. BOX 36235

City-State-Zip: PANAMA CITY FL 32412 City-State-Zip: PANAMA CITY FL 32412

Title VP Title DIRECTOR

Name ECKHARDT, SHERRI Name PEACOCK, STANLEY E.

Address P.O. BOX 36235 Address P.O. BOX 36235

City-State-Zip: PANAMA CITY FL 32412 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 D. CHASE

SECRETARY

02/22/2023

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 DIRECTOR

Name MICHEL, MIKE

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