

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003735

Entity Name: PANHANDLE PIONEER SETTLEMENT, INC.**Current Principal Place of Business:**17869 NW PIONEER SETTLEMENT RD
BLOUNTSTOWN, FL 32424**Current Mailing Address:**P.O. BOX 215
BLOUNTSTOWN, FL 32424 US**FEI Number:** 59-3198852**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATSON, SHANNA
17869 NW PIONEER SETTLEMENT RD
BLOUNTSTOWN, FL 32424 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:** SHANNA WATSON

01/17/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CFO
Name JOHNSON, HOWARD JR
Address P.O. BOX 215
City-State-Zip: BLOUNTSTOWN FL 32424

Title COO
Name SMITH, WILLARD
Address P.O. BOX 215
City-State-Zip: BLOUNTSTOWN FL 32424

Title OFFICER
Name HILL, ROBERT
Address 17869 NW PIONEER SETTLEMENT RD.
City-State-Zip: BLOUNTSTOWN FL 32424

Title PRESIDENT
Name MAVIS, WILLIS
Address 17869 NW PIONEER SETTLEMENT RD
City-State-Zip: BLOUNTSTOWN FL 32424

Title OFFICER
Name DARYL, OBRYAN
Address 17869 NW PIONEER SETTLEMENT RD
City-State-Zip: BLOUNTSTOWN FL 32424

Title SECRETARY
Name MELLOR, PAMELA
Address 17869 NW PIONEER SETTLEMENT RD
City-State-Zip: BLOUNTSTOWN FL 32424

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: PAMELA MELLOR**BOARD SECRETARY**

01/17/2020

Electronic Signature of Signing Officer/Director Detail

Date