

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # 715329

1. Entity Name
**THE PENSACOLA PEN WHEELS, INC./PENSACOLA
EMPLOY THE HANDICAPPED COUNCIL**



Principal Place of Business
**2210 WARREN JERNIGAN PL
PENSACOLA, FL 32514 US**

Mailing Address
**320 W CERVANTES ST
PENSACOLA, FL 32501 US**



02202004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-5329271

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**JERNIGAN, WARREN H.
2210 WARREN JERNIGAN PLACE
PENSACOLA, FL 32514**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000141995
04/30/04-80034-015 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JERNIGAN, WARREN H
STREET ADDRESS	2210 WARREN JERNIGAN PL
CITY-ST-ZIP	PENSACOLA, FL
TITLE	TD
NAME	SMITH, BARBARA D
STREET ADDRESS	5605 VESTAVIA LANE
CITY-ST-ZIP	PENSACOLA, FL
TITLE	VD
NAME	MCCLENDON, PEARLINE
STREET ADDRESS	810 W. GREGORY STREET
CITY-ST-ZIP	PENSACOLA, FL 325014627
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara D Smith **BARBARA D. SMITH**

4-28-04

950-432-8111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #