

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90029 036 \*\*\*\*61.25

**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

2210 WARREN JERNIGAN PL  
PENSACOLA FL 32514  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME JERNIGAN, WARREN H  
STREET ADDRESS 2210 WARREN JERNIGAN PL  
CITY-ST-ZIP PENSACOLA FL

TITLE TD ☒ Delete  
NAME SMITH, BARBARA D  
STREET ADDRESS 5605 VESTAVIA LANE  
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☐ Delete  
NAME MCLENDON, PEARLINE  
STREET ADDRESS 810 W. GREGORY STREET  
CITY-ST-ZIP PENSACOLA FL 32501-4627

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **TD BENNY H. MCKEE**  
STREET ADDRESS **2210 WARREN JERNIGAN PL.**  
CITY-ST-ZIP **PENSACOLA, FL 32514**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **SECRETARY PATRICIA WARINER**  
STREET ADDRESS **5025 LAKE RD.**  
CITY-ST-ZIP **MILTON, FL 32583**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: BENNY H. MCKEE**  
*Benny H. McKee 2/13/07 (850) 484-8593*