2008 NOT-FOR-PROFIT CORPORATION

Jan 11, 2008 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #715329** 01-11-2008 90068 007 ****61.25 THE PENSACOLA PEN WHEELS, INC./PENSACOLA **EMPLOY THE HANDICAPPED COUNCIL** Principal Place of Business Mailing Address 2210 WARREN JERNIGAN PL 2210 WARREN JERNIGAN PL PENSACOLA, FL 32514 US PENSACOLA, FL 32514 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 71-5329271 Applied For Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JERNIGAN, WARREN H. Street Address (P.O. Box Number is Not Acceptable) 2210 WARREN JERNIGAN PLACE PENSACOLA, FL 32514 City 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 reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2008 Trust Fund Contribution. П Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TILLE ☐ Delete TITLE Change Addition NNY H.MCKEE JERNIGAN, WARREN H NAME NAME STREET ADDRESS 2210 WARREN JERNIGAN PL O-A WARREN JERNIGAN Pl. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL CITY-ST-ZIP NSACOLA FL B2514 TITLE Delete TILLE ☐ Change ■ Addition SMITH, BARBARA D NAME STREET ADDRESS 5605 VESTAVIA LANE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL CHY-ST-7P VD TITLE ☐ Delete THLE Change ☐ Addition MCCLENDON, PEARLINE NAME NAME STREET ADDRESS 810 W. GREGORY STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 325014627 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 7ITLF ☐ Delete **fITLE** ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIILE ☐ Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 attachmegt with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED