

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 732617

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** PANHANDLE WATERMELON FESTIVAL, INC.

**Current Principal Place of Business:**

1393 FALLING WATERS ROAD  
CHIPLEY, FL 32428 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 550  
CHIPLEY, FL 32428 US

**New Mailing Address:**

**FEI Number:** 59-1702338

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PEEL, COLBY  
1393 FALLING WATERS ROAD  
CHIPLEY, FL 32428 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: FISHER, LORA  
Address: 1479 CLAYTON RD  
City-St-Zip: CHIPLEY, FL 32428

Title: D  
Name: PEEL, COLBY  
Address: 1393 FALLING WATERS ROAD  
City-St-Zip: CHIPLEY, FL 32428

Title: STD  
Name: ANDREASEN, A M  
Address: 1424 JACKSON AVE STE A  
City-St-Zip: CHIPLEY, FL 32428

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: LORA FISHER

SD

01/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date