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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740771 (1)
1. Corporation Name
PANHANDLE 4 WHEELERS CLUB OF PENSACOLA, INC

Principal Place of Business
P.O. BOX 16257
PENSACOLA FL 32507-6257

Mailing Address
P.O. BOX 16257
PENSACOLA FL 32507-6257



3. Date Incorporated or Qualified 11/15/1977
3a. Date of Last Report 02/14/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1731266	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALBERT C. ANDERSON 811 SUNNY SIDE DR MILTON FL 32583	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	ANDERSON, ALBERT	1.2 NAME	
STREET ADDRESS	811 SUNNY SIDE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON FL 32570	1.4 CITY-ST-ZIP	"D"
TITLE	VD	2.1 TITLE	VICE PRESIDENT
NAME	SHOWS, BRADLEY	2.2 NAME	Robert Lewis
STREET ADDRESS	643 BONILACE CR.	2.3 STREET ADDRESS	8524 Indian Ford Rd.
CITY-ST-ZIP	GULF BREEZE FL 32561	2.4 CITY-ST-ZIP	Milton Fla. 32570
TITLE	SD	3.1 TITLE	Secretary
NAME	WALLACE, USA	3.2 NAME	Julie Broadhead
STREET ADDRESS	242 QUEEN ST.	3.3 STREET ADDRESS	612 Edgewater Dr.
CITY-ST-ZIP	MILTON FL 32570	3.4 CITY-ST-ZIP	Pens. Fla. 32507
TITLE	TD	4.1 TITLE	Treasurer
NAME	RHODES, SHERYL	4.2 NAME	
STREET ADDRESS	6093 ST. ALBAN RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	"D"
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Julie Broadhead QUINN D. Broadhead 2/22/97 904-457-3445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072917

CR2E037 (9/96)