

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008173

FILED
Feb 11, 2008
Secretary of State

Entity Name: PANHANDLE ALL CARE SERVICES, INC.

Current Principal Place of Business:

3281 VALLEY OAK DR.
MARIANNA, FL 32447

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 313
MARIANNA, FL 32447

New Mailing Address:

FEI Number: 59-3686473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PITTMAN, HAZEL E
3281 VALLEY OAK DR.
MARIANNA, FL 32447 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 () Delete
Name: BEECHEM, JOHNNIE
Address: 1935 JACOB ROAD
City-St-Zip: COTTONDALE, FL 32431

Title: DP () Delete
Name: WATTS, RUBBIE M
Address: PO BOX 623, 4280 SAINT ANDREW ST.
City-St-Zip: MARIANNA, FL 32447

Title: DT () Delete
Name: HALL, GEORGE
Address: 2226 BETHUME CT
City-St-Zip: COTTONDALE, FL 32431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RUBBIE M. WATTS

DP

02/11/2008

Electronic Signature of Signing Officer or Director

Date