2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004
Secretary of State

DOCUMENT# N02000004571

Entity Name: PANHANDLE AREA CANINE KOALITION, INC.

Current Principal Place of Business:

5730 ROYLAT ROAD
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

5730 ROYLAT ROAD
PACE, FL 32571

New Mailing Address:

FEI Number: 24-3724652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICKERSON, JAN
5730 ROYLAT ROAD
PACE, FL 32571

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: PD ( ) Delete
Name: NICKERSON, JAN
Address: 5730 ROYLAT ROAD
City-St-Zip: PACE, FL 32571

Title: D ( ) Delete
Name: ABELING, JODI
Address: W GRACE ST
City-St-Zip: MILTON, FL 32570

Title: D ( ) Delete
Name: MATTHEWS, PAM
Address: 409 WIRWOOD ST
City-St-Zip: MARY ESTHER, FL 32549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: ABELING, JODI
Address: POST OFFICE BOX 934
City-St-Zip: MILTON, FL 32572

Title: D (X) Change ( ) Addition
Name: MATTHEWS, PAM
Address: 407 WILDWOOD STREET
City-St-Zip: MARY ESTHER, FL 32569

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAN NICKERSON PD 04/29/2004

Electronic Signature of Signing Officer or Director — Date