FILED
Jul 15, 2003 8:00 am
Secretary of State
05-05-2003 91847 007 ****61.25

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5/5/2003

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02000004571

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[redacted]

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DO NOT WRITE IN THIS SPACE

1. Entity Name: Panhandle Area Canine Koalition, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5730 Roylat Road	5730 Roylat Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pace, FL	City & State: PACE FL
Zip: 32571 Country: USA	Zip: 32571 Country: USA

4. FEI Number: 04-3724652 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: JAN NICKERSON
Street Address (P.O. Box Number is Not Acceptable): 5730 Roylat Road
City: Pace FL Zip Code: 32571

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: Jan Nickerson JAN NICKERSON — 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT - DIRECTOR	TITLE	
NAME	JAN NICKERSON	NAME	
STREET ADDRESS	5730 ROYLAT ROAD	STREET ADDRESS	
CITY-ST-ZIP	PACE FL 32571	CITY-ST-ZIP	
TITLE	DIRECTOR	TITLE	
NAME	JODI ABELING	NAME	
STREET ADDRESS	~~PO BOX~~ W. GRACE STREET	STREET ADDRESS	
CITY-ST-ZIP	MILTON, FL 32570	CITY-ST-ZIP	
TITLE	DIRECTOR -	TITLE	
NAME	PAM MATHEWS	NAME	
STREET ADDRESS	[illegible] STREET	STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER, FL 32549	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

12. I 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 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 on an attachment with an address, with all other like empowered.

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SIGNATURE: Jan Nickerson — 4-29-03 — 994-0282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #