

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90035 016 \*\*\*\*61.25

**DOCUMENT # N02000007603**

1. Entity Name

PANHANDLE CITIZENS COALITION, INC.



Principal Place of Business

P. O. BOX 6683  
TALLAHASSEE FL 32314  
US

Mailing Address

P. O. BOX 6683  
TALLAHASSEE FL 32314  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

43-1979224

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HEDRICK, JOHN W  
2748 NORTH SANDALWOOD DRIVE  
TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent

Name

SAM E

Street Address (P.O. Box Number is Not Acceptable)

2055 THOMASVILLE RD, 576 A201  
TALLAHASSEE FL 32308

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

JOHN HEDRICK

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/27/05

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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 D ☐ Delete  
NAME HANSON, CHAD  
STREET ADDRESS 14 E. GRET ST. N.  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE D ☐ Delete  
NAME TURNER, TIM  
STREET ADDRESS 170 OAK DRIVE  
CITY-ST-ZIP APALACHICOLA FL 32320

TITLE D ☐ Delete  
NAME MAIER, PAT  
STREET ADDRESS 552 RIVER ROAD  
CITY-ST-ZIP CARRABELLE FL 32322

TITLE D ☐ Delete  
NAME MALONE, SALLY  
STREET ADDRESS 135 PONCE DE LEON ST.  
CITY-ST-ZIP PORT SAINT JOE FL 32456

TITLE D ☐ Delete  
NAME MOSSBACHER, ROLF  
STREET ADDRESS 3120 KINGS DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ Delete  
NAME JOHN HEDRICK  
STREET ADDRESS P.O. BOX 6683  
CITY-ST-ZIP TALLAHASSEE FL 32314

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN HEDRICK

7/27/05

850-339-5462

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #