


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000007603 1. Entity Name PANHANDLE CITIZENS COALITION, INC.	
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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 AUG -4 PM 3:29

Principal Place of Business P. O. BOX 6683 TALLAHASSEE, FL 32314 US	Mailing Address P. O. BOX 6683 TALLAHASSEE, FL 32314 US
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08032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 43-1979224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent HEDRICK, JOHN W 2055 THOMASVILLE RD, STE A201 TALLAHASSEE, FL 32308
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANSON, CHAD 14 E. GRET ST. N. CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARMEGNAS, GATHARA 1208 GULF AVENUE CARRABELLE, FL 32322 <i>NOTE SARUNG CORRECTIONS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAIER, PAT 552 RIVER ROAD CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBOU, VICTOR 222 PINE LANE CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUGIER, PETE 16702 FRONT BEACH RD PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP HEDRICK, JOHN P.O. BOX 6683 TALLAHASSEE, FL 32314

000133941920
08/05/08--01001--006 **\$61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 W. Hedrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/08 850-339-5462
Date Daytime Phone #