2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90258 028 ****61.25

DOCUMENT # N02000007603

1. Entity Name
PANHANDLE CITIZENS COALITION, INC.

Principal Place of Business	Mailing Address
P. O. BOX 6683 TALLEHASSEE, FL 32314 US	P. O. BOX 6683 TALLAHASSEE, FL 32314 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEDRICK, JOHN W 2748 NORTH SANDALWOOD DRIVE TALLAHASSEE, FL 32305	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 W. Hedrick 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW. FEE IS $61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIR PRES/DIR JOHN HEDRICK 2748 N. SANDALWOOD DR. TALLAHASSEE, FL. 32305 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR CHAD HANSON 14 EGRET ST. N. CRAWFORDVILLE, FL. 32327 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER JIM LYCETT 208 WEST 11TH ST. CARRABELLE, FL. 32322 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR TIM TURNER 17 OAK DRIVE APALACHICOLA, FL. 32320 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY GLORIA PIPKIN 310 MICHIGAN AVENUE LYNN HAVEN, FL. 32444 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PAT MAIER 552 RIVER ROAD CARRABELLE, FL. 32322 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANN BIDLINGMAIER 1920 HARRIET DRIVE TALLAHASSEE, FL. 32303 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SALLY MALONE 35 PONCE DE LEON ST. PORT ST. JOE, FL. 32456 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR RICHARD THOMPSON 137 WAYSIDE FARM RD. HAVANA, FL. 32333 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JAMES OAKLEY P.O. BOX 1034 PORT ST. JOE, FL. 32456 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR VICTOR LAMBOU 272 PINE LANE CRAWFORDVILLE, FL. 32327 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ROLF MOSSBACHER 3120 KINGS DRIVE PANAMA CITY, FL. 32405 ☐ Change ☑ Addition

CR2E037 (10/02)

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

SIGNATURE: John W. Hedrick Chair 4/29/03 850-421-2483
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

DIRECTOR
PETE ROUGIER
16702 FRONT BEACH RD.
PANAMA CITY BEACH, FL. 32413

90124323
N02000007603

DIRECTOR
AUBREY DAVIS
P.O. BOX 429
CHIPLEY, FLA. 32428