

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010421

**FILED**  
**Feb 13, 2004**  
**Secretary of State****Entity Name:** PANHANDLE AREA DRUG AND ALCOHOL ABUSE PREVENTION COALITION INC.**Current Principal Place of Business:**2863 GREEN ST STE 2-B  
MARIANNA, FL 32448**New Principal Place of Business:****Current Mailing Address:**2863 GREEN ST STE 2-B  
MARIANNA, FL 32448**New Mailing Address:****FEI Number:** 59-3224895**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WEST, LINDA  
PANHANDLE AREA HEALTH NETWORK  
2863 GREEN ST STE 2-B  
MARIANNA, FL 32448 US**Name and Address of New Registered Agent:**WEST, LYNN  
PANHANDLE AREA HEALTH NETWORK  
2863 GREEN ST STE 2-B  
MARIANNA, FL 32448 US

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: LYNN WEST

02/13/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** C ( ) Delete  
**Name:** MADER, JULIE  
**Address:** 2863 GREEN ST STE 2-B  
**City-St-Zip:** MARIANNA, FL 32448**Title:** VC ( ) Delete  
**Name:** MORRIS, CHARLES  
**Address:** 2863 GREEN ST STE 2-B  
**City-St-Zip:** MARIANNA, FL 32448**Title:** S ( ) Delete  
**Name:** WOODWARD, DEBRA  
**Address:** 2863 GREEN ST STE 2-B  
**City-St-Zip:** MARIANNA, FL 32448**Title:** D ( ) Delete  
**Name:** HOLLISTER, ANNIE  
**Address:** 2863 GREEN ST STE 2-B  
**City-St-Zip:** MARIANNA, FL 32448**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: JULIE MADER

C

02/13/2004

Electronic Signature of Signing Officer or Director

Date