## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010421

FILED Apr 08, 2008 Secretary of State

Entity Name: PANHANDLE AREA DRUG AND ALCOHOL ABUSE PREVENTION COALITION INC. **Current Principal Place of Business: New Principal Place of Business:** 4349 LAFAYETTE STREET MARIANNA, FL 32446 **Current Mailing Address: New Mailing Address:** 4349 LAFAYETTE STREET MARIANNA, FL 32446 FEI Number: 59-3224895 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLLISTER, ANNIE E 4349 LAFAYETTE STREET MARIANNA, FL 32446 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JONES, LOIS Name: Name: Address: 4349 LAFAYETTE STREET Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: MORRIS, CHARLES Name: Address: 4349 LAFAYETTE STREET Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip: Title: () Delete Title: () Change () Addition EDWARDS, KAREN Name: Name: 4349 LAFAYETTE STREET Address: Address: City-St-Zip: MARIANNA, FL 32446 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LOIS JONES S 04/08/2008