

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

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90076 014 ****61.25

DOCUMENT # N0300010948

1. Entity Name

Panhandle Players, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Avenue E

Suite, Apt. #, etc.

3. Mailing Address

PO Box 277

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

24074386

City & State

Apalachicola FL

City & State

Eastpoint FL

4. FEI Number

Applied For
Not Applicable

Zip

32320

Country

Franklin

Zip

32328

Country

Franklin

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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

FEE IS \$61.25

Initial or Amended UBR

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	PO
NAME	Elizabeth Sisung
STREET ADDRESS	627 Hwy 98
CITY-ST-ZIP	Eastpoint, FL 32328
TITLE	VP
NAME	Cathy Watts
STREET ADDRESS	171 Mallard Drive
CITY-ST-ZIP	Eastpoint, FL 32328
TITLE	SP
NAME	Janet Christenson
STREET ADDRESS	481 W Pine
CITY-ST-ZIP	St George Island, FL 32328
TITLE	PO
NAME	Gayle Dobbs
STREET ADDRESS	865 Hwy 98
CITY-ST-ZIP	Eastpoint, FL 32328
TITLE	PO
NAME	Tom Adams
STREET ADDRESS	1440 Elm Ct
CITY-ST-ZIP	St George Island, FL 32328
TITLE	PO
NAME	Judith Henderson
STREET ADDRESS	128 4th St
CITY-ST-ZIP	Apalachicola, FL 32320

TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

Elizabeth Sisung

SIGNATURE Elizabeth Sisung President/Director 5/10/04 850 670-8261

CR2E037B (12/02)