

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010948

FILED
Feb 05, 2009
Secretary of State

Entity Name: PANHANDLE PLAYERS, INCORPORATED

Current Principal Place of Business:

21 AVE E
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

P O BOX 277
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 45-0567102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DODDS, GAYLE C
868 HWY 98
EASTPOINT, FL 32328 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: SISUNG, ELIZABETH
Address: 627 HWY 98
City-St-Zip: EASTPOINT, FL 32328

Title: VPD () Delete
Name: WATTS, CATHY
Address: 171 MALLARD DR
City-St-Zip: EASTPOINT, FL 32328

Title: SD () Delete
Name: CHRISTENSON, JANET
Address: 481 W PINE
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: TD () Delete
Name: DODDS, GAYLE
Address: 865 HWY 98
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: ADAMS, TOM
Address: 1440 ELM CT
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: D () Delete
Name: HENDERSON, JUDITH
Address: 128 4TH ST
City-St-Zip: APALACHICOLA, FL 32320

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
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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 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: GAYLE C.,DODDS

TD

02/05/2009

Electronic Signature of Signing Officer or Director

Date