

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008705

FILED  
Apr 24, 2007  
Secretary of State

Entity Name: FL PAN-HANDLERS ASC, INC.

## Current Principal Place of Business:

106 HIGHLAND DRIVE  
FT WALTON BEACH,, FL 32548 US

## New Principal Place of Business:

## Current Mailing Address:

106 HIGHLAND DRIVE  
FT WALTON BEACH,, FL 32548 US

## New Mailing Address:

FEI Number: 41-2173442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCRIVNER, BECKY  
2655 TAMBRIDGE CIRCLE  
PENSACOLA, FL 32503 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: P ( ) Delete  
Name: MCNEILL, ROBIN  
Address: 106 HIGHLAND DRIVE  
City-St-Zip: FT WALTON, FL 32548 US

Title: VP ( ) Delete  
Name: SCHAUFLE, JEANETTE  
Address: 5980 RIDGE CREST CIRCLE  
City-St-Zip: MILTON, FL 32570 US

Title: T ( ) Delete  
Name: RICE, BECKY  
Address: P O BOX 2697  
City-St-Zip: PENSACOLA, FL 32513 US

Title: DIR ( ) Delete  
Name: ADAMS, ROGER  
Address: 200 HICKORY TREE  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: DIR ( ) Delete  
Name: SCRIVNER, BECKY  
Address: 2655 TAMBRIDGE CIRCLE  
City-St-Zip: PENSACOLA, FL 32503 US

Title: DIR ( ) Delete  
Name: REYENGA, MOLLY  
Address: 24735 PATTERSON RD  
City-St-Zip: ROBERTSDALE, FL 36567 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: ADAMS, ROBBIE  
Address: 200 HICKORY TREE  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DIR (X) Change ( ) Addition  
Name: CLAYTON, DAVID  
Address: 5559 SYCAMORE RD  
City-St-Zip: QUINCY, FL 32531 US

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 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: MOLLY REYENGA

DIR

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date