

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008705

FILED  
May 19, 2011  
Secretary of State

Entity Name: FL PAN-HANDLERS ASC, INC.

**Current Principal Place of Business:**

9434 HOSFORD HWY  
QUINCY, FL 32351 US

**New Principal Place of Business:**

**Current Mailing Address:**

9434 HOSFORD HWY  
QUINCY, FL 32351 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-LEMMON, BECKY  
6930 HWY 99  
MOLINO, FL 32577 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: PRES  
Name: MCNEILL, ROBIN  
Address: 106 HIGHLAND DRIVE  
City-St-Zip: FT WALTON, FL 32548 US

Title: VP  
Name: ADAMS, ROBBIE  
Address: 200 HICKORY TREE  
City-St-Zip: CRESTVIEW, FL 32539 US

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

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

Title: DIR  
Name: ECKERT, ELIZABETH  
Address: 6233 NADINE RD  
City-St-Zip: PANAMA CITY, FL 32404 US

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

I hereby 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 all other like empowered.

SIGNATURE: BECKY RICE

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05/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date