

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90015 004 ****70.00

DOCUMENT # N04000010516

1. Entity Name
**NORTH CENTRAL PANHANDLE EDUCATION
FOUNDATION, INC.**



Principal Place of Business

**1424 JACKSON AVENUE
CHIPLEY, FL 32428**

Mailing Address

**PO BOX 149
CHIPLEY, FL 32428**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
81-0659792

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALTERS, DONALD
1424 JACKSON AVENUE
CHIPLEY, FL 32428**

**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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FINCH, NANCY
STREET ADDRESS	1278 BOOTH ROAD
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	GILBERT, OLIN
STREET ADDRESS	1287 BIRDIE LANE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	WALTERS, DONALD
STREET ADDRESS	1424 JACKSON AVENUE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	ODOM, KRISTI M
STREET ADDRESS	1314 JACKSON AVENUE
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	STEVENSON, CALVIN
STREET ADDRESS	652 3RD STREET
CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D
NAME	SAUNDERS, WAYNE
STREET ADDRESS	847 CANDY LANE
CITY-ST-ZIP	CHIPLEY, FL 32428

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

Wayne Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06

Date

1-810-57-9274

Daytime Phone #

ATTACHMENT
40045223

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ADDITIONAL OFFICERS AND DIRECTORS

GARY CLARK
1670 PEEL ROAD
CHIPLEY, FLORIDA 32428

DAVID SOLGER
1135 ORANGE HILL ROAD
CHIPLEY, FLORIDA 32428

REY GUSTASON, Jr.
1331 Coggin Ave.
Chipley, Florida 32428