

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

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**



04192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 renouncing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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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05/03/07-80012-023 70.00

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donald Walters 4/19/07 1-850-527-9224