2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008
Secretary of State

DOCUMENT# N04000010516

Entity Name: NORTH CENTRAL PANHANDLE EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

1424 JACKSON AVENUE
CHIPLEY, FL 32428

New Principal Place of Business:

Current Mailing Address:

PO BOX 149
CHIPLEY, FL 32428

New Mailing Address:

FEI Number: 81-0659792 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WALTERS, DONALD
1424 JACKSON AVENUE
CHIPLEY, FL 32428 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: D ( ) Delete
Name: FINCH, NANCY
Address: 1278 BOOTH ROAD
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: GILBERT, OLIN
Address: 1287 BIRDIE LANE
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: WALTERS, DONALD
Address: 1424 JACKSON AVENUE
City-St-Zip: CHIPLEY, FL 32428

Title: D (X) Delete
Name: ODOM, KRISTI M
Address: 1314 JACKSON AVENUE
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: STEVENSON, CALVIN
Address: 652 3RD STREET
City-St-Zip: CHIPLEY, FL 32428

Title: D ( ) Delete
Name: SAUNDERS, WAYNE
Address: 847 CANDY LANE
City-St-Zip: CHIPLEY, FL 32428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GUSTASON, REYNOLD
Address: 1369D S RAILROAD AVE
City-St-Zip: CHIPLEY, FL 32428

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
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: DONALD WALTERS D 07/11/2008
Electronic Signature of Signing Officer or Director — Date