

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010769

FILED  
May 17, 2006  
Secretary of State

Entity Name: WEEHANDSEL CORPORATION

**Current Principal Place of Business:**

1429 LUCY STREET  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1429 LUCY STREET  
TALLAHASSEE, FL 32308

**New Mailing Address:**

FEI Number: 01-0823839      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:**

**Name and Address of New Registered Agent:**

BOWNE, SHIRLEE P  
1429 LUCY STREET  
TALLAHASSEE, FL 32308      US

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: PTD      ( ) Delete  
Name: BOWNE, SHIRLEE P  
Address: 1429 LUCY STREET  
City-St-Zip: TALLAHASSEE, FL 32308

Title: D      ( ) Delete  
Name: BOWNE, GREGORY C  
Address: 6211 PINE LANE  
City-St-Zip: LAKELAND, FL 33813

Title: D      ( ) Delete  
Name: HERRIN, REDA J  
Address: 197 MADDOX ROAD  
City-St-Zip: GAFFNEY, SC 29340

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: SHIRLEE P. BOWNE

PTD

05/17/2006

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

\_\_\_\_\_  
Date