2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

DOCUMENT # N05000000097 06 APR 29 AM 10: 14 CONCERNED MEN AND WOMEN OF NORTHWEST PANHANDLE AREA, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 139 TRI-COUNTY ROAD 139 TRI-COUNTY ROAD P.O. BOX 571 P.O. BOX 571 GRACEVILLE, FL 32440 GRACEVILLE, FL 32440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222006 Chg-NP CR2E037 (11/05) City & State Applied For City & State FEI Number 22-3901556 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOULTRIE, GEORGE W 139 TRI-COUNTY ROAD Street Address (P.O. Box Number is Not Acceptable) GRACEVILLE, FL 32440 City Zip Code 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 Make check payable to Filling Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TIBE ☐ Delete TITI F Addition MOULTRIE, GEORGE W NAME NAME PO BOX 571 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GRACEVILLE, FL 32440 City-St-Zip 1 TITLE Delete TITLE Herring, Gregory A 609 Neals Landing Rd. ☐ Change Addition FLETCHER, EDWARD DR. NAME NAME 922 EVERETT ROAD STREET ADDRESS STREET ADDRESS Bascom, FL 31423 City-St-7IP GRACEVILLE, FL 32440 CITY-ST-ZIP VΡ TITLE TILE ☐ Delete Change Addition NAME FITZGERALD, CINDY NAME 962-A 8TH AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GRACEVILLE, FL 32440 CITY-ST-ZIP TITE F VP ☐ Detete TITLE ☐ Change ☐ Addition MORGAN, ISAIAH REV. NAME NAME **500073988735** 05/04/06--01019--029 **61. 2032 HWY. 73 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARIANNA, FL 32448 CITY-ST-ZIP spires, willie 4818 Eboney court TITLE Delete TITLE ☐ Change Addition FLOWERS, ARNET NAME NAME STREET ADDRESS 7979 HWY. 90 STREET ADDRESS SNEADS, FL 32460 CITY-ST-ZIP CITY-ST-ZIP DDF Delete TITLE ☐ Change ☐ Addition COOPER, SARAH A NAME STREET ADDRESS 5467 JORDAN STREET STREET ADDRESS City-St-7tP GRACEVILLE, FL 32440 CiTY-ST-ZIP 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

5/20

APPROYE