

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001054

FILED
Mar 21, 2008
Secretary of State

Entity Name: PANHANDLE EQUINE RESCUE, INC.

Current Principal Place of Business:

3099 EAST CHIPPER ROAD
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 777
CANTONMENT, FL 32533 US

New Mailing Address:

FEI Number: 42-1658881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWERY, DIANE L
3099 EAST CHIPPER ROAD
CANTONMENT, FL 32533 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: PD () Delete
Name: LOWERY, DIANE L
Address: 3099 EAST CHIPPER ROAD
City-St-Zip: CANTONMENT, FL 32533 US

Title: VD () Delete
Name: JONES, CHRIS
Address: 2725 SANDICREST DRIVE
City-St-Zip: CANTONMENT, FL 32533 US

Title: STD () Delete
Name: SATTERLEE, MICHAEL
Address: 1081 MOLINO ROAD
City-St-Zip: MOLINO, FL 32577 US

Title: D () Delete
Name: WINCHESTER, ROSE MARIE
Address: 4255 DEWEY ROSE LANE
City-St-Zip: CANTONMENT, FL 32533 US

Title: D () Delete
Name: NOWLIN, JAMES JR
Address: 1081 MOLINO ROAD
City-St-Zip: MOLINO, FL 32577 US

Title: D () Delete
Name: HARRIS, ALICE
Address: 2725 SANDICREST DRIVE
City-St-Zip: CANTONMENT, FL 32533 US

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:

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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: DIANE L. LOWERY

PD

03/21/2008

Electronic Signature of Signing Officer or Director

Date