


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90030 029 \*\*\*\*61.25

<b>DOCUMENT # N05000006894</b>																							
<b>1. Entity Name</b> PANHANDLE ASIAN REPUBLICAN WOMEN NETWORK, INC.																							
<b>Principal Place of Business</b> 949 JENKS AVE - STE 14 PANAMA CITY, FL 32401			<b>Mailing Address</b> 949 JENKS AVE - STE 14 PANAMA CITY, FL 32401																				
<b>2. Principal Place of Business - No P.O. Box #</b> 2507 E 9th Circle		<b>3. Mailing Address</b> P.O. Box 36243																					
Suite, Apt. #, etc.		Suite, Apt. #, etc.																					
<b>City &amp; State</b> Panama City, Fl		<b>City &amp; State</b> Panama City, Fl		<b>4. FEI Number</b> 20-3151512																			
<b>Zip</b> 32401		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																			
<b>6. Name and Address of Current Registered Agent</b>  PERRON, LEONORA S 949 JENKS AVE - STE 14 PANAMA CITY, FL 32401		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td colspan="5">2507 E 9th Circle</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td colspan="5">2507 E 9th Circle</td> </tr> <tr> <td style="padding: 2px;">City</td> <td>Panama City</td> <td style="padding: 2px;">FL</td> <td style="padding: 2px;">Zip Code</td> <td colspan="2">32401</td> </tr> </table>				Name	2507 E 9th Circle					Street Address (P.O. Box Number is Not Acceptable)	2507 E 9th Circle					City	Panama City	FL	Zip Code	32401	
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City	Panama City	FL	Zip Code	32401																			
<b>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.</b>  <table style="width:100%;"> <tr> <td style="width:30%;">SIGNATURE <i>Leonora S. Perron</i></td> <td style="width:40%;">Leonora S. Perron, Pres.</td> <td style="width:30%;">7/25/07</td> </tr> <tr> <td style="font-size: small;">Signature, typed or printed name of registered agent and title if applicable.</td> <td style="font-size: small;">(NOTE: Registered Agent signature required when reinstating)</td> <td style="font-size: small;">DATE</td> </tr> </table>						SIGNATURE <i>Leonora S. Perron</i>	Leonora S. Perron, Pres.	7/25/07	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE												
SIGNATURE <i>Leonora S. Perron</i>	Leonora S. Perron, Pres.	7/25/07																					
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<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																			
<b>Make check payable to Florida Department of State</b>																							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>																				
TITLE	P <input type="checkbox"/> Delete		TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	PERRON, LEONORA		NAME	Leonora Perron																			
STREET ADDRESS	5906 IVY RD		STREET ADDRESS	P.O. Box 36243																			
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP	Panama City, Fl 32412																			
TITLE	VP <input type="checkbox"/> Delete		TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	STRUNK, CONNIE		NAME	Zenaida Rees																			
STREET ADDRESS	4918 PARK ST		STREET ADDRESS	2221 Inverness Drive																			
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP	Pensacola, Fl 32503																			
TITLE	T <input type="checkbox"/> Delete		TITLE	2nd VP <input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	CRAWFOOT, EDNA		NAME	Rita Acoba																			
STREET ADDRESS	2507 E 9TH CIRCLE		STREET ADDRESS	2901 Kingswood Dr																			
CITY-ST-ZIP	PANAMA CITY, FL 32401		CITY-ST-ZIP	Panama City, Fl 32405																			
TITLE	S <input type="checkbox"/> Delete		TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME	VU, HANG		NAME	Hang Vu																			
STREET ADDRESS	119 N LAKEWOOD DR		STREET ADDRESS	119 N Lakewood Drive																			
CITY-ST-ZIP	PANAMA CITY, FL 32404		CITY-ST-ZIP	Panama City, Fl 32404																			
TITLE	<input type="checkbox"/> Delete		TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME			NAME	Lorena Griggs																			
STREET ADDRESS			STREET ADDRESS	P.O. Box 9053																			
CITY-ST-ZIP			CITY-ST-ZIP	Panama City Beach, Fl 32417																			
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME			NAME																				
STREET ADDRESS			STREET ADDRESS																				
CITY-ST-ZIP			CITY-ST-ZIP																				
<b>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.</b>																							
<b>SIGNATURE:</b> LEONORA S. PERRON <i>Leonora S. Perron</i> 7/25/07 850-258-3432																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																							