

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012226

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: PEOPLE'S AGENCY TASKFORCE HELP SOURCE INC.

## Current Principal Place of Business:

948 JENKS AVENUE  
PANAMA CITY, FL 32405

## New Principal Place of Business:

918 GRACE AVENUE  
PANAMA CITY, FL 32401

## Current Mailing Address:

PO BOX 294  
LYNN HAVEN, FL 32444

## New Mailing Address:

FEI Number: 56-2545231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANLEY, DEBORAH  
948 JENKS AVENUE  
PANAMA CITY, FL 32404 US

## Name and Address of New Registered Agent:

HANLEY, DEBORAH  
918 GRACE AVENUE  
PANAMA CITY, FL 32401 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: DEBORAH A HANLEY

01/30/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HANLEY, DEBORAH A  
Address: 1516 MAINE AVE APT E102  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete  
Name: CNIECIECKI, CONNIE  
Address: PO BOX 10098  
City-St-Zip: PANAMA CITY, FL 32404

Title: D ( ) Delete  
Name: STURGEON, JERRY  
Address: P.O. BOX 294  
City-St-Zip: LYNN HAVEN, FL 32444

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CRAWFORD, WILLIAM  
Address: P.O. BOX 294  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition  
Name: HAMMOND, RALPH  
Address: P.O. BOX 294  
City-St-Zip: LYNN HAVEN, FL 32444

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: DEBORAH HANLEY

PRES

01/30/2007

Electronic Signature of Signing Officer or Director

Date