

FILED
Mar 23, 2006 8:00 am
Secretary of State


03-08-2006 90165 028 ****61.25

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

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66006724



| | | | | | |
|---|-------------------------------|---|---------|--|--|
| DOCUMENT # N06000000927 | | | |  | |
| 1. Entity Name PANHANDLE COUNSELING AND CONSULTING SERVICES, INC. | | | | | |
| Principal Place of Business 4818 EBONY CT MARIANNA, FL 32446 | | Mailing Address 4818 EBONY CT MARIANNA, FL 32446 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 43-2100977 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SPIRES, WILLIE E 4818 EBONY CT MARIANNA, FL 32446 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent: signature required when reappointing)</small> DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | WESLEY, EDWARD | | | | |
| STREET ADDRESS | 5818 HWY 231 | | | | |
| CITY-ST-ZIP | CAMPBELLTON, FL 32426 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | SPIRES, WILLIE E | | | | |
| STREET ADDRESS | 4818 EBONY CT | | | | |
| CITY-ST-ZIP | MARIANNA, FL 32446 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | GOODSON, STACEY | | | | |
| STREET ADDRESS | 4724 CORNERSTONE LANE | | | | |
| CITY-ST-ZIP | MARIANNA, FL 32446 | | | | |
| TITLE | D | <input type="checkbox"/> Delete | | | |
| NAME | WILLIAMS, RANDY | | | | |
| STREET ADDRESS | 4528 BELLAMY BRIDGE RD | | | | |
| CITY-ST-ZIP | MARIANNA, FL 32446 | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Delete | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| 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 changed, or on an attachment with an address, you all other like empowered. | | | | | |
| SIGNATURE: <u>Willie E. Spires</u> <u>3/3/06</u> <u>850-718-2232</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



ATTACHMENT

66006724

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2006

PANHANDLE COUNSELING AND CONSULTING SERVICES, INC.
4818 EBONY COURT
MARIANNA, FL 32446 US

Subject: **PANHANDLE COUNSELING AND CONSULTING SERVICES, INC.**

Reference Number: **N06000000927**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.