

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 26, 2007 08:00 A.  
Secretary of State**

**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**



01052007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**43-2100977**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**SPIRES, WILLIE E  
4818 EBONY CT  
MARIANNA, FL 32446**

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WESLEY, EDWARD
STREET ADDRESS	5818 HWY 231
CITY-ST-ZIP	CAMPBELLTON, FL 32425
TITLE	D
NAME	SPIRES, WILLIE E
STREET ADDRESS	4818 EBONY CT
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D
NAME	GOODSON, STACEY
STREET ADDRESS	4724 CORNERSTONE LN
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	D
NAME	WILLIAMS, RANDY
STREET ADDRESS	4528 BELLAMY BRIDGE RD
CITY-ST-ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

U000000649495  
03/07/07-80051-016 70.00

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Willie E. Spires* **Willie E. Spires** 2/13/07 850-718-2232