

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004667

FILED
May 25, 2009
Secretary of State

Entity Name: NEW PANHANDLE FARMERS COOPERATION, INC.

Current Principal Place of Business:

2817 HWY 71
MARIANNA, FL 32448

New Principal Place of Business:

Current Mailing Address:

5787 KLONDIKE RD
BASCOM, FL 32423

New Mailing Address:

FEI Number: 80-0399293 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LARRY, JOHNNY
5787 KLONDIKE RD
BASCOM, FL 32423 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: P () Delete
Name: LARRY, JOHNNY JR
Address: 5787 KLONDIKE RD
City-St-Zip: BASCOM, FL 32423

Title: ST () Delete
Name: MAYO, WALALCE
Address: 3530 ARA LANE
City-St-Zip: MARIANNA, FL 32448

Title: D () Delete
Name: BLACK, EUGENE
Address: 444C HOLLY HILL DR
City-St-Zip: MARIANNA, FL 32447

Title: D () Delete
Name: LARRY, LILLIE B
Address: 5787 KLONDIKE RD
City-St-Zip: BASCOM, FL 32423

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST (X) Change () Addition
Name: MAYO, WALLACE
Address: 3530 ARA LANE
City-St-Zip: MARIANNA, FL 32448

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: JOHNNY LARRY JR

P

05/25/2009

Electronic Signature of Signing Officer or Director

Date