

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90026 018 \*\*\*\*70.00

<b>DOCUMENT # N07000011511</b> 1. Entity Name <b>PANHANDLE FRESH MARKETING ASSOCIATION, INC.</b>					
Principal Place of Business <b>6491 CAROLINE STREET SUITE 4 MILTON, FL 32570</b>			Mailing Address <b>6491 CAROLINE STREET SUITE 4 MILTON, FL 32570</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ANDERSON, CINDY W 6491 CAROLINE STREET SUITE 4 MILTON, FL 32570</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, CINDY W		NAME	Anderson, Cindy W	
STREET ADDRESS	6491 CAROLINE STREET, SUITE 4		STREET ADDRESS	6491 Caroline St., Suite 4	
CITY-ST-ZIP	MILTON, FL 32570		CITY-ST-ZIP	Milton, FL 32570	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, ED III		NAME	Gray, Ed III	
STREET ADDRESS	315 FAIRPOINT DRIVE		STREET ADDRESS	315 Fairpoint Drive	
CITY-ST-ZIP	GULF BREEZE, FL 32574		CITY-ST-ZIP	Gulf Breeze, FL 32574	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, DICK		NAME	Baker, Dick	
STREET ADDRESS	P.O. BOX 12358		STREET ADDRESS	6491 Caroline St., Suite 4	
CITY-ST-ZIP	PENSACOLA, FL 32591		CITY-ST-ZIP	Milton, FL 32570	
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		
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		
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>SIGNATURE:</b>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
			Date <b>2-19-08</b> Daytime Phone # <b>850-934-7100</b>		