

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004386

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** PANHANDLE ALLERGY SOCIETY INC.

**Current Principal Place of Business:**

41 FAIRPOINT DR SUITE F  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

41 FAIRPOINT DR SUITE F  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LACHOWSKY, FRANCIS  
41 FAIRPOINT DR SUITE F  
GULF BREEZE, FL 32561 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  
Name: LACHOWSKY, FRANCIS  
Address: 41 FAIRPOINT DR SUITE F  
City-St-Zip: GULF BREEZE, FL 32561

Title: S  
Name: CLEVELAND, CRAWFORD  
Address: 3298 SUMMIT BLVD  
City-St-Zip: PENSACOLA, FL 32503

Title: D  
Name: KIMURA, STEPHEN  
Address: 5041 N 12TH AV  
City-St-Zip: PENSACOLA, FL 32504

I hereby 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 all other like empowered.

SIGNATURE: FRANCIS LACHOWSKY

P

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date