

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47348

FILED
Jan 10, 2006
Secretary of State

Entity Name: PANHANDLE LIBRARY ACCESS NETWORK, INC.

Current Principal Place of Business:

5 MIRACLE STRIP LOOP
SUITE 8
PANAMA CITY, FL 32407

New Principal Place of Business:

Current Mailing Address:

5 MIRACLE STRIP LOOP
SUITE 8
PANAMA CITY, FL 32407

New Mailing Address:

FEI Number: 59-3143384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONNIFF, WILLIAM P.
5 MIRACLE STRIP LOOP
SITE 8
PANAMA CITY BEACH, FL 32407 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: PD () Delete
Name: BURNS, JURATE
Address: P.O.BOX 473
City-St-Zip: DESTIN, FL 32540

Title: D () Delete
Name: ARMSTRONG, CAROL
Address: 903 W TENNESSEE ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: GLEASON, PAULA
Address: 100 EAST TEXAR
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: MAUPIN, RITA
Address: 16908 NORT EAST PEAR ST
City-St-Zip: BLOUNTSTOWN, FL 32424

Title: ST () Delete
Name: OWENS, DAN
Address: 32 CIRCLE DR
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: VD () Delete
Name: ALEXANDER, CHERRY
Address: 444 APPELYARD DR
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DAVIS, BONNIE
Address: 321 BULLFINCH RD
City-St-Zip: PANAMA CITY BEACH, FL 32407

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

Title: D (X) Change () Addition
Name: FISCHER, EUGENE
Address: 200 WEST GREGORY ST
City-St-Zip: PENSACOLA, FL 32502

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 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: JURATE BURNS

P

01/10/2006

Electronic Signature of Signing Officer or Director

_____ Date