

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47348

FILED
Feb 25, 2009
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 DR
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: ST () Delete
Name: POULIS, ANDREW
Address: 139 BARNES DRIVE SUITE 2
City-St-Zip: TYNDALL AFB, FL 32403

Title: D () Delete
Name: JOYCE, DANNECKER
Address: 25 WEST GOVERNMENT ST
City-St-Zip: PANAMA CITY, FL 32401

Title: D () Delete
Name: BICHEL, REBECCA
Address: 105 DOGWOOD WAY
City-St-Zip: TALLAHASSEE, FL 32306

Title: D () Delete
Name: HENDERSON, JANICE
Address: 100 COLLEGE BLVD
City-St-Zip: NICEVILLE, FL 32548

Title: VD () Delete
Name: TURNER, CHERYL
Address: 280 WEST WASHINGTON ST
City-St-Zip: MONTICELLO, FL 32345

Title: PD () Delete
Name: BISHOP, SHEILA
Address: 206 N. PARTIN DR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ST (X) Change () Addition
Name: ARMSTRONG, CAROL
Address: 13093 HERNY BEADEL DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: VP (X) Change () Addition
Name: JOYCE, DANNECKER
Address: 898 11TH STREET
City-St-Zip: PANAMA CITY, FL 32401

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

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

Title: D (X) Change () Addition
Name: GOULD, PATRICIA
Address: 185 MIRACLE STRIP PARKWAYSE
City-St-Zip: FORT WALTON BEACH, FL 32401

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: SHEILA BISHOP

PD

02/25/2009

Electronic Signature of Signing Officer or Director

_____ Date