

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90032 014 ***193.05

DOCUMENT # N93000003735 1. Entity Name PANHANDLE PIONEER SETTLEMENT, INC.	
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Principal Place of Business SAM ADKINS PARK RD. PO BOX 215 BLOUNTSTOWN, FL 32424	Mailing Address SAM ADKINS PARK RD. PO BOX 215 BLOUNTSTOWN, FL 32424
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DO NOT WRITE IN THIS SPACE



04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3198852	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, WILLARD
 ROUTE 1 BOX 138
 BLOUNTSTOWN, FL 32424

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, WILLARD RT. 1, BOX 138 N/A BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, LINDA RT. 1, BOX 138 N/A BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATERSON, IMOGENE 17042 NW FIRST STREET BLOUNTSTOWN, FL 32424
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, HOWARD JR P.O. BOX 776 N/A BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM WOOD, ADRIENNE 9530 SE CR 69 BLOUNTSTOWN, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SETTLEMIRE, KENNETH 17037 NW CR 715 ALTHA, FL 32421

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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.

SIGNATURE: Linda L. Smith Linda L. Smith Vice Pres 4-27-07 850 674-2777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #