


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N93000004767 1. Entity Name PANHANDLE ADULT DAY CARE ORGANIZATION, INC.	
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Principal Place of Business
SANTA ROSA ADULT DAY CARE
5750 BERRYHILL RD.
MILTON, FL 32570 US

Mailing Address
428 S SECOND ST
WARRINGTON, FL 32507



01152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3213431	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILLINGHAM, OSGOOD P II
428 S SECOND ST
WARRINGTON, FL 32507

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when retreating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

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	D WILLINGHAM, OSGOOD P II 428 S SECOND ST WARRINGTON, FL 32507
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYLES, KARL W JR. 920 FAIRWAY DR PENSACOLA, FL 32507
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENTZ, DANIEL F JR. 4795 VELASQUEZ PL PENSACOLA, FL 32504
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

O.P. Willingham II President

Date

4/5/04

Daytime Phone #

850 626-7821