

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005320

FILED
Jan 08, 2009
Secretary of State

Entity Name: THE PANHANDLE CHAPTER ASSOCIATION OF LEGAL ADMINISTRATORS, INC.

Current Principal Place of Business:

25 WEST CEDAR STREET
STE 450 - ATTN: BEATE COMSTOCK
PENSACOLA, FL 32502 US

New Principal Place of Business:

30 SOUTH SPRING STREET
ATTN. STEVEN DENEKE
PENSACOLA, FL 32502 US

Current Mailing Address:

25 WEST CEDAR STREET
STE 450 - ATTN: BEATE COMSTOCK
PENSACOLA, FL 32502 US

New Mailing Address:

30 SOUTH SPRING STREET
ATTN. STEVEN DENEKE
PENSACOLA, FL 32502 US

FEI Number: 59-3409118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMSTOCK, BEATE
25 WEST CEDAR STREET
STE 450 - ATTN: BEATE COMSTOCK
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

DENEKE, STEVEN
30 SOUTH SPRING STREET
ATTN. STEVEN DENEKE
PENSACOLA, FL 32502 US

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: STEVEN DENEKE

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, ROBERT
Address: 316 S BAYLEN STREET, STE 600
City-St-Zip: PENSACOLA, FL 32501

Title: VP () Delete
Name: LEMKE, NANCY
Address: 25 W. GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: ST () Delete
Name: COMSTOCK, BEATE
Address: 25 WEST CEDAR STREET, STE 450
City-St-Zip: PENSACOLA, FL 32502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEMKE, NANCY
Address: 25 WEST GOVERNMENT STREET
City-St-Zip: PENSACOLA, FL 32502

Title: VP (X) Change () Addition
Name: COMSTOCK, BEATE
Address: 25 WEST CEDAR STREET, STE. 450
City-St-Zip: PENSACOLA, FL 32502

Title: ST (X) Change () Addition
Name: DENEKE, STEVEN
Address: 30 SOUTH SPRING STREET
City-St-Zip: PENSACOLA, FL 32502

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: STEVEN DENEKE

ST

01/08/2009

Electronic Signature of Signing Officer or Director

Date