


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000274	
1. Entity Name PANHANDLE YOUTH ASSISTANCE PROGRAM, INC.	

Principal Place of Business 4150 CEDARS SPRINGS RD MOLINO, FL 32577	Mailing Address PO BOX 30001 PENSACOLA, FL 32503-1001
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04242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3490012	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	
MOORE, ANNISE W 800 N. 12TH AVE PENSACOLA, FL 32501	

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when re-stating)</small>

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOOKER, PARHAM 2810 EAST CERVANTES STREET PENSACOLA, FL 32503	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATSON, GARY 1308 N BARCELONA ST PENSACOLA, FL 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANTONI, VIRGINIA 1000 COLLEGE BLVD PENSACOLA, FL 32504	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOORE, ANNISE W 800 N. 12TH AVE PENSACOLA, FL 32501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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05/13/06-80052-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: <u>Annise W Moore</u>	4-28-06	850-438-0949
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>