

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000274

FILED
Jul 09, 2007
Secretary of State

Entity Name: PANHANDLE YOUTH ASSISTANCE PROGRAM, INC.

Current Principal Place of Business:

4150 CEDARS SPRINGS RD
MOLINO, FL 32577

New Principal Place of Business:

Current Mailing Address:

PO BOX 30001
PENSACOLA, FL 325031001

New Mailing Address:

4150 CEDAR SPRINGS RD.
MOLINO, FL 32577

FEI Number: 59-3490012 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOORE, ANNISE W
800 N. 12TH AVE
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

MOORE, ANNISE W
3000 LANGLEY AVE., SUITE 200
PENSACOLA, FL 32504 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: _____

07/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BOOKER, PARHAM
Address: 2810 EAST CERVANTES STREET
City-St-Zip: PENSACOLA, FL 32503

Title: VD () Delete
Name: WATSON, GARY
Address: 1308 N BARCELONA ST
City-St-Zip: PENSACOLA, FL 32501

Title: SD () Delete
Name: SANTONI, VIRGINIA
Address: 1000 COLLEGE BLVD
City-St-Zip: PENSACOLA, FL 32504

Title: TD () Delete
Name: MOORE, ANNISE W
Address: 800 N. 12TH AVE
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: GILL, JOYCE
Address: 2559 PINE FOREST ROAD
City-St-Zip: CANTONMENT, FL 32533

Title: TD (X) Change () Addition
Name: MOORE, ANNISE
Address: 3000 LANGLEY AVE., STE. 200
City-St-Zip: PENSACOLA, FL 32504

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: ANNISE W. MOORE

TD

07/09/2007

Electronic Signature of Signing Officer or Director

Date