
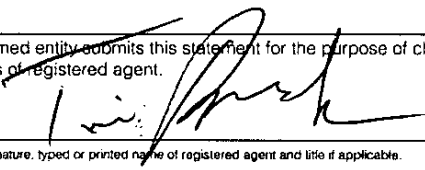
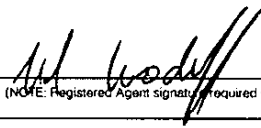
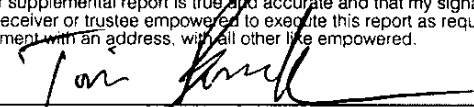


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90105 021 \*\*\*\*61.25

DOCUMENT # N99000000775			
1. Entity Name PANHANDLE RESEARCH FOUNDATION, INC.		Principal Place of Business 4806 ROSEMONT PL PENSACOLA, FL 32514	
Mailing Address PO BOX 11202 PENSACOLA, FL 32524-1202		2. Principal Place of Business - No P.O. Box # <b>2921 West Michigan Avenue</b>	
3. Mailing Address <b>2921 West Michigan Avenue</b>		Suite, Apt. #, etc.	
City & State <b>Pensacola, FL</b>		City & State <b>Pensacola, FL</b>	
4. FEI Number <b>59-3664898</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BROOKS, TIMOTHY D 4806 ROSEMONT PL PENSACOLA, FL 32514</b>		7. Name and Address of New Registered Agent Name <b>Larry Woodruff</b> Street Address (P.O. Box Number is Not Acceptable) <b>14705 Innerarity Point Road</b> City <b>Pensacola</b> <b>FL</b> Zip Code <b>32507</b>	
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 <b>4/21/08</b>	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, TIMOTHY P.O. BOX 11247 PENSACOLA, FL 325241247 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ron Stobo 2003 Juno Circle Pensacola, FL 32526 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEE, WILLIAM 6160 NORTH DAVIS HIGHWAY SUITE 9 PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Woodruff 14705 Innerarity Point Road Pensacola, FL 32507 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRASER, DOUGLAS 6160 NORTH DAVIS HIGHWAY SUITE 9 PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>4/21/08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	