

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000011613

**Entity Name:** HOPE PANHANDLE, INC.**Current Principal Place of Business:**674 SERENOA ROAD, UNIT E  
SANTA ROSA BEACH, FL 32459**Current Mailing Address:**2979 S COUNTY HIGHWAY 395  
SANTA ROSA BEACH, FL 32459 US**FEI Number:** 83-2201011**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YORK, S. PAIGE  
2979 S COUNTY HIGHWAY 395  
SANTA ROSA BEACH, FL 32459 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PS
Name	YORK, S. PAIGE
Address	2979 S COUNTY HIGHWAY 395
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	T
Name	TIPPENS, CASEY
Address	2979 S COUNTY HIGHWAY 395
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	C
Name	HARRISON, REESE
Address	2979 S COUNTY HIGHWAY 395
City-State-Zip:	SANTA ROSA BEACH FL 32459

Title	VP
Name	HARRISON, MARA
Address	2979 S COUNTY HIGHWAY 395
City-State-Zip:	SANTA ROSA BEACH FL 32459

*I hereby 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 all other like empowered.*

**SIGNATURE:** S. PAIGE YORK**OFFICER****03/15/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date