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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21370 (4)

1. Corporation Name

PANAMA CITY BEACHES CHAMBER OF COMMERCE, INCORPORATED

Principal Place of Business

Mailing Address

415 BECKRICH RD., #200
PANAMA CITY BEACH FL 32407
USP.O. BOX 8348
PANAMA CITY BEACH FL 32417-8348
US3. Date Incorporated or Qualified
06/29/19873a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number

59-2857564

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARISH, DEBI A
415 BECKRICH RD., #200
PANAMA CITY BEACH FL 32407

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PP
NAME HILTON, JULIE
STREET ADDRESS 11127 FRONT BEACH ROAD
CITY-ST-ZIP PANAMA CITY BEACH FL ☒ DELETE1.1 TITLE PE
1.2 NAME Debra Hunt
1.3 STREET ADDRESS Peoples First Bank
1.4 CITY-ST-ZIP Panama City, FL 32402 ☒ Change ☒ AdditionTITLE VPD
NAME SABISTON, PAT
STREET ADDRESS 4412 FLETCHER STREET
CITY-ST-ZIP PANAMA CITY FL ☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE P
NAME PILCHER, JACKIE
STREET ADDRESS 6310 EAST HWY. 22
CITY-ST-ZIP PANAMA CITY FL ☐ DELETE3.1 TITLE PP
3.2 NAME Pilcher, Jackie
3.3 STREET ADDRESS 6310 East Hwy. 22
3.4 CITY-ST-ZIP Panama City, FL 32402 ☒ Change ☐ AdditionTITLE PD
NAME SHAFER, DON
STREET ADDRESS 13911 BACK BEACH ROAD
CITY-ST-ZIP PANAMA CITY BEACH FL 32413 ☒ DELETE4.1 TITLE VPD
4.2 NAME Doug Gilmore
4.3 STREET ADDRESS Driftwood Lodge
4.4 CITY-ST-ZIP Panama City, FL 32413 ☒ Change ☒ AdditionTITLE TD
NAME SCHNITKER, MARK
STREET ADDRESS 110 SOUTH ARNOLD RD
CITY-ST-ZIP PANAMA CITY FL ☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE PE
NAME CRAIG, JOHN
STREET ADDRESS GULF COAST COMMUNITY COLLEGE
CITY-ST-ZIP PANAMA CITY FL ☐ DELETE6.1 TITLE P
6.2 NAME Craig, John
6.3 STREET ADDRESS Gulf Coast Community College
6.4 CITY-ST-ZIP Panama City, FL 32417 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Debi Parish Debi Parish

1-9-97

904-233-6577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 000864

CR2E037 (9/96)