

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 26 11:12:01
REGISTRAR OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **N45088 (4)**
1. Corporation Name
PANAMA CITY JUNIOR CHAMBER OF COMMERCE, INC.



Principal Place of Business Mailing Address
% TIMOTHY C. CAMPBELL
222 E. FOURTH STREET
PANAMA CITY FL 32401

3. Date Incorporated or Qualified **09/10/1991** 3a. Date of Last Report **10/05/1995**
4. FEI Number **59-1034531** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
CAMPBELL, TIMOTHY C.
222 E. FOURTH STREET
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **500001885515**
84 City **07/05/96-01084-008**
*******51.FL** **51** *******51.25**

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:	
TITLE	PD	1.1 TITLE	President
NAME	WINDHAM, RANDY	1.2 NAME	mark A. Chambers
STREET ADDRESS	6706 LETOHATCHEE ST.	1.3 STREET ADDRESS	1018 Beek Ave
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	Panama City 91 32401
TITLE	T	2.1 TITLE	Treasurer
NAME	SASSER, DEBBIE	2.2 NAME	Sasser, Debbie
STREET ADDRESS	707 SHEFFIELD AVE.	2.3 STREET ADDRESS	707 Sheffield Ave
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	Panama City 91 32401
TITLE	VP	3.1 TITLE	VP
NAME	MORRIS, JONI	3.2 NAME	Lorna Acoba
STREET ADDRESS	6321 BEACH DR.	3.3 STREET ADDRESS	2901 Kingswood Dr.
CITY-ST-ZIP	PANAMA CITY BCH. FL	3.4 CITY-ST-ZIP	Panama City 91 32405
TITLE	PD	4.1 TITLE	VP
NAME	WHITTINGTON, ANTHONY B	4.2 NAME	Debie Gohris
STREET ADDRESS	7241 SALE BLVD.	4.3 STREET ADDRESS	227 E 1st St
CITY-ST-ZIP	PANAMA CITY FL 32409	4.4 CITY-ST-ZIP	Panama City 91 32401
TITLE	VPD	5.1 TITLE	State Director
NAME	ACOBA, LORNA	5.2 NAME	Roen WML
STREET ADDRESS	2901 KINGSWOOD DRIVE	5.3 STREET ADDRESS	1025 W 19th St #200
CITY-ST-ZIP	PANAMA CITY FL 32405	5.4 CITY-ST-ZIP	Panama City 91 32405
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	mark A. Chambers	
1.3 STREET ADDRESS	1018 Beek Ave	
1.4 CITY-ST-ZIP	Panama City 91 32401	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sasser, Debbie	
2.3 STREET ADDRESS	707 Sheffield Ave	
2.4 CITY-ST-ZIP	Panama City 91 32401	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lorna Acoba	
3.3 STREET ADDRESS	2901 Kingswood Dr.	
3.4 CITY-ST-ZIP	Panama City 91 32405	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Debie Gohris	
4.3 STREET ADDRESS	227 E 1st St	
4.4 CITY-ST-ZIP	Panama City 91 32401	
5.1 TITLE	State Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Roen WML	
5.3 STREET ADDRESS	1025 W 19th St #200	
5.4 CITY-ST-ZIP	Panama City 91 32405	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Sam E. Willis 5-31-96 904-872-4595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)