## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name N45088

(4)

PANAMA CITY JUNIOR CHAMBER OF COMMERCE, INC.

Principal Place of Business Mailing Address % Timothy C. Campbell % TIMOTHY C. CAMPBELL 222 E. FOURTH STREET 222 E. FOURTH STREET DO NOT WRITE IN THIS SPACE PANAMA CITY FL 32401 PANAMA CITY FL 32401 3. Date Incorporated or Qualified 3a. Date of Last Report 09/10/1991 06/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-1034531 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State Election Campaign Financing \$5.00 May Ele 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. ☐ Yes □ No Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CAMPBELL, TIMOTHY C. 82 Street Address (P.O. Box Number is Not Acceptable) 222 E. FOURTH STREET 83 PANAMA CITY FL 32401 84 City 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, Spotton 617.0503, Florida Statutes. **SIGNATURE** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 4/9/ DELETE TITLE 1.1 TITLE Addition Change NAME CHAMBERS, MARK A 1.2 NAME STREET ADDRESS 1013 BECK AVE. 1.3 STREET ADDRESS <u>Panama City FL 32401</u> CITY-ST-ZIP 1.4 CITY - ST - ZiF DELETE TITLE 2.1 TITLE Change ☐ Addition NAME Sasser, Debbie 2.2 NAME STREET ADDRESS 707 SHEFFIELD AVE. 2.3 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 2. 4 CITY-ST-ZIP TITLE ☐ DELETE 3.1 TITLE ☐ Change Addition NAME ACOBA, LORNA 3.2 NAME STREET ADDRESS 2901 KINGSWOOD DRIVE 3.3 STREET ADDRESS PANAMA CITY BCH. FL 32405 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME WILLIS, KAREN 4. 2 NAME STREET ADDRESS 1025 W 19TH ST. 3 C 4.3 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 4.4 CITY-ST-ZIP ☐ DELETÉ TITLE 5.1 TITLE Change ☐ Addition NAME **GEHRIS, DEBIE** 5.2 NAME STREET ADDRESS 227 E 1ST 5.3 STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.