

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005176

Entity Name: PANAMA CITY MAIN STREET, INC.**Current Principal Place of Business:**413 HARRISON AVE
PANAMA CITY, FL 32401**Current Mailing Address:**413 HARRISON AVE
PANAMA CITY, FL 32401**FEI Number:** 01-0809312**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SANGER, DORAN A
413 HARRISON AVE
PANAMA CITY, FL 32401 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	C
Name	HAYDEN, JAMES
Address	413 HARRISON AVENUE
City-State-Zip:	PANAMA CITY FL 32401

Title	DIRECTOR
Name	DORAN, SANGER A
Address	413 HARRISON AVEUE
City-State-Zip:	PANAMA CITY FL 32401

Title	VC
Name	LIVECCHE, TONY
Address	413 HARRISON AVENUE
City-State-Zip:	PANAMA CITY FL 32401

Title	D
Name	FERRUCCI, MICHAEL
Address	413 HARRISON AVENUE
City-State-Zip:	PANAMA CITY FL 32401

Title	D
Name	HURST, BOB R
Address	413 HARRISON AVENUE
City-State-Zip:	PANAMA CITY FL 32401

Title	D
Name	PARMER, DAVID
Address	318 HARRISON AVENUE
City-State-Zip:	PANAMA CITY FL 32401

Title	D
Name	ATAMIAN, ROBIN
Address	413 HARRISON AVENUE
City-State-Zip:	PANAMA CITY FL 32401

Title	D
Name	LINDSEY, JANE
Address	413 HARRISON AVENUE
City-State-Zip:	PANAMA CITY FL 32401

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: DORAN A SANGER**DIRECTOR****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date