

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 712943 (0)

1. Corporation Name

**WOMEN'S CIVIC CLUB OF WEST PANAMA CITY BEACH, FL
ORIDA, INC.**

Principal Place of Business

Mailing Address

P O BOX 9759
PANAMA CITY BCH FL 32417

P O BOX 9759
PANAMA CITY BCH FL 32417



3. Date Incorporated or Qualified
06/15/1967

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2368315

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, RACHEL
122 LAKE PLACE
PANAMA CITY BEACH FL 32407**

81 Name

Donna Weise

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

21504 Sunset Ave.

83

84 City

Panama City Beach

FL

85 Zip Code

32413

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

Donna Weise

(NOTE: Registered Agent signature required when reinstating.)

DATE

4-25-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, RACHEL	
STREET ADDRESS	122 LAKE PLACE	
CITY-ST-ZIP	PANAMA CITY BCH, FL00000	
TITLE	PVD	<input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, MARTHA	
STREET ADDRESS	2069 BRUCE CT.	
CITY-ST-ZIP	PANAMA CITY BCH, FL00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ODOM, LORRAINE	
STREET ADDRESS	7151 W. HWY 98 #164	
CITY-ST-ZIP	PANAMA CITY BCH, FL00000	
TITLE	RS	<input type="checkbox"/> DELETE
NAME	LINDLEY, VIRGINIA	
STREET ADDRESS	6324 PINE DR	
CITY-ST-ZIP	PANAMA CITY BCH, FL00000	
TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	DICKEY, NADINE	
STREET ADDRESS	5225 THOMAS DR 16	
CITY-ST-ZIP	PANAMA CITY BCH, FL00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, NANCY	
STREET ADDRESS	211 SANTO THOMAS	
CITY-ST-ZIP	PANAMA CITY BCH, FL	

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Donna Weise	
1.3 STREET ADDRESS	21504 Sunset Ave.	
1.4 CITY-ST-ZIP	Panama City Beach, Fl. 32413	
2.1 TITLE	PVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Charie Dixon	
2.3 STREET ADDRESS	268 S. Glades Trail	
2.4 CITY-ST-ZIP	Panama City Beach, Fl. 32407	
3.1 TITLE	Vd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Angie Smibert	
3.3 STREET ADDRESS	17002 Firenze Ave.	
3.4 CITY-ST-ZIP	Panama City Beach, Fl., 32413	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Same	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Cs.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mame Doyle	
5.3 STREET ADDRESS	549 N. Arnold Road	
5.4 CITY-ST-ZIP	Panama City Beach, Fl. 32413	
6.1 TITLE	T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Nadine Dickey	
6.3 STREET ADDRESS	5225 Thomas Drive # 16	
6.4 CITY-ST-ZIP	Panama City Beach, Fl. 32408	

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:

Donna Weise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-96

CR2E037 (12/95)