

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32417-0159



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/15/1967	3a. Date of Last Report 05/01/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-2368315	Applied For Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

~~WEISE, DONNA X~~
~~21507 SUNSET AVE X~~
~~PANAMA CITY BEACH FL 32413 X~~

81. Name	June Wetzel President	
82. Street Address (P.O. Box Number is Not Acceptable)	21507 Carribbean Lane	
83. City	Panama City Beach	85. Zip Code FL 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 617.003, Florida Statutes.

SIGNATURE

June Wetzel President
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

3/24/97
DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEISE, DONNA X			1.2 NAME	June Wetzel		
STREET ADDRESS	21507 SUNSET AVE X			1.3 STREET ADDRESS	21507 Carribbean Lane		
CITY-ST-ZIP	PANAMA CITY BCH, FL 32413 X			1.4 CITY-ST-ZIP	Panama City Beach, FL 32413		
TITLE	PVD	<input type="checkbox"/> DELETE		2.1 TITLE	1st Vice President D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIXON, CHARIE			2.2 NAME	Charie Dixon		
STREET ADDRESS	268 S GLADES TR			2.3 STREET ADDRESS	268 S, Glades Trail		
CITY-ST-ZIP	PANAMA CITY BCH, FL 00000			2.4 CITY-ST-ZIP	Panama City Beach, FL 32407		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	2nd V.P. D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMBERT, ANGIE X			3.2 NAME	Eloise Gressle		
STREET ADDRESS	1700X KIRKWOOD AVE X			3.3 STREET ADDRESS	7437 Beach Drive		
CITY-ST-ZIP	PANAMA CITY BCH, FL 00000 X			3.4 CITY-ST-ZIP	Panama City Beach, FL 32408		
TITLE	RS	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDLEY, VIRGINIA			4.2 NAME			
STREET ADDRESS	6324 PINE DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BCH, FL 00000			4.4 CITY-ST-ZIP			
TITLE	CS	<input type="checkbox"/> DELETE		5.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOYLE, MAME			5.2 NAME			
STREET ADDRESS	549 N ARNOLD RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BCH, FL 00000			5.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKEY, NADINE			6.2 NAME			
STREET ADDRESS	5225 THOMAS DRIVE #16			6.3 STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY BCH, FL			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.

SIGNATURE *June Wetzel President* **3/24/97**

CR2E037 (9/96)