FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(0)

WOMEN'S CIVIC CLUB OF ORIDA, INC.	WEST PANAMA CITY BEACH, FL					
Principal Place of Business	Mailing Address	Mailing Address		AN 1111 ALDIS AINII B	ŞAÇU MIDƏN QIBIN ALBIN BE	
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			
					Applied Fo	
2. Principal Place of Business 21	2a. Mailing Address 26		5. Certificate of Status Desired		\$8.75 Additiona Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		-	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
City & State	City & State		7. Is this nonprofit corporation a homeowners association?			
Zip Country 25	Zip Count 29 30	lry	8. This corporation owes or has Personal Property Tax due Jui			
9. Name and Address o	Current Registered Agent		10. Name and Address of New I	Registered Ag	ent	
LANCOUR DAME	8	Jean	nnette C. Pieterse			
WETZEL, JUNE 21507 CARRIBBEAN LANE		Street Addres	Preserve Bay Blv	able) I		
PANAMA CITY BEACH FL 32413	8	3				
	8	4 City Pana	ama City Beach	FL	32408	
11. Pursuant to the provisions of Sections	617.0502 and 617.1508, Florida Statutes, the abo	by the corporation	ation submits this statement for the	purpose of ch	nanging its registe	

agent. I a	agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.									
SIGNATURE Signature Printed name of registered agent and tricid applicable (NOTE Registered Agent signature required when reinstaling) DATE										
12.	OFFICERS AND DIRECTOR	S	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 12				
TITLE	PD PD	DELETE	1.1 TIPLE	PD	Change	☐ Addition				
NAME	WETZEL, JUNE	'	1.2 NAME	Pieterse, Jeannette C.						
STREET ADDRESS	21507 CARRIBBEAN LN		1.3 STREET ADDRESS	3715 Preserve Bay Blvd.						
CITY-ST-ZWP	PANAMA CITY BCH FL		1.4 CITY-ST-ZIP	Panama City Beach FL 32408						
TITLE	VPD	DELETE	2.1 TITLE		Change	☐ Addition				
NAME	DIXON, CHARIE		2.2 NAME							
STREET ADDRESS	268 S GLADES TR		2.3 STREET ADDRESS			Ì				
CITY-ST-ZIP	PANAMA CITY BCH, FL00000		2.4 CITY-ST-ZIP							
TITLE	VPD	☐ DELETE	3.1 TITLE	VPD	X Change	Addition				
NAME	Gressle, Eloise		3.2 NAME	Bradbury, Gail						
STREET ADDRESS	7437 BEACH DR		3.3 STREET ADDRESS	109 Seaclusion Dr.						
CITY-ST-ZIP	PANAMA CITY BEACH FL		3.4. CITY-ST-ZIP	Panama City Beach FL 32413						
TITLE	RST	DEFELE	4.1 TITLE	RST	Change	Addition				
NAME	LINDLEY, VIRGINIA		4. 2 NAME	Honey, Margaret						
STREET ADDRESS	6324 PINE DR		4.3 STREET ADDRESS	4715 Thomas Dr #109						
CITY-ST-ZIP	PANAMA CITY BCH, FL00000		4.4 CITY-ST-ZIP	PanamaCity Beach FL 32408						
TITLE	CST	☐ DELETE	5.1 TITLE	CST	Change	☐ Addition				
NAME	DOYLE, MAME		5.2 NAME	Parr, Faith	••					
STREET ADDRESS	549 N ARNOLD RD		5.3 STREET ADDRESS	6323 Thomas Dr #802						
CITY-ST-ZIP	PANAMA CITY BCH, FL00000		5.4 CITY-ST-ZIP	Panama City Beach FL 32408						
TITLE	T	DELETE	6.1 TITLE	T	Z Change	Addition				
NAME	DICKEY, NADINE		6.2 NAME	du Mont, Elizabeth						
STREET ADDRESS	5225 THOMAS DRIVE #16		6.3 STREET ADDRESS	6323 Thomas Dr #703						
	DAMANA CITY DOM EI			D 011 D 1 D 00/00						

14. I 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 suppliemental 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:

FILED

Mar 06 1998 8:00am

Secretary of State