


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90105 050 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 712943					
1. Corporation Name WOMEN'S CIVIC CLUB OF WEST PANAMA CITY BEACH, FL ORIDA, INC.					
Principal Place of Business P O BOX 9759 PANAMA CITY BCH FL 32417			Mailing Address P O BOX 9759 PANAMA CITY BCH FL 32417		



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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PIETERSE, JEANNETTE C 3715 PRESERVE BAY BLVD PANAMA CITY BEACH FL 32408				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 *Jeannette C. Pieterse* (NOTE: Registered Agent signature required when reinstating) DATE 1/7/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PD <input type="checkbox"/> DELETE NAME PIETERSE, JEANNETTE C STREET ADDRESS 3715 PRESERVE BAY BLVD CITY-ST-ZIP PANAMA CITY BCH FL 32408				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE VPD <input type="checkbox"/> DELETE NAME DIXON, CHARIE STREET ADDRESS 268 S GLADES TR CITY-ST-ZIP PANAMA CITY BCH, FL00000				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME <i>marion Doyle</i> 2.3 STREET ADDRESS <i>549 N. Arnold Rd</i> 2.4 CITY-ST-ZIP <i>Panama City Bch FL 32413</i>			
TITLE VPD <input type="checkbox"/> DELETE NAME BRADBURY, GAIL STREET ADDRESS 109 SEACLUSION DR CITY-ST-ZIP PANAMA CITY BEACH FL 32413				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <i>Helen Smith</i> 3.3 STREET ADDRESS <i>6901 N. Lagoon Dr # 25</i> 3.4 CITY-ST-ZIP <i>Panama City Bch FL 32408</i>			
TITLE RST <input type="checkbox"/> DELETE NAME HONEY, MARGARET STREET ADDRESS 4715 THOMAS DR, #109 CITY-ST-ZIP PANAMA CITY BCH, FL00000 32408				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE CST <input type="checkbox"/> DELETE NAME PARR, FAITH STREET ADDRESS 6323 THOMAS DR, #802 CITY-ST-ZIP PANAMA CITY BCH, FL00000 32408				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE T <input type="checkbox"/> DELETE NAME DU MONT, ELIZABETH STREET ADDRESS 6323 THOMAS DR, #703 CITY-ST-ZIP PANAMA CITY BCH, FL 32408				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

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 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, with all other like empowered.

SIGNATURE: *Jeannette C. Pieterse* SIGNATURE REQUIRED *Elizabeth D. du Mont* DATE 1/7/99 DAYTIME PHONE # 850-235-3554

CR2E037 (11/98)