

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90680 019 \*\*\*\*61.25

**DOCUMENT # 712943**

1. Entity Name

**WOMEN'S CIVIC CLUB OF PANAMA CITY BEACH,  
FLORIDA INC.**



Principal Place of Business

P O BOX 9759  
PANAMA CITY BEACH FL 32417

Mailing Address

P O BOX 9759  
PANAMA CITY BEACH FL 32417  
US

34013404



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2368315

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARENS, MUGSY**  
**511 GRANADA CIRCLE**  
**PANAMA CITY BEACH FL 32413**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARENS, MUGSY	
STREET ADDRESS	511 GRANADA CIRCLE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DOYLE, MAME	
STREET ADDRESS	549 NORTH ARNOLD ROAD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	CRAWFORD, SHIRLEY	
STREET ADDRESS	130 LAKEVIEW CIRCLE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	RST	<input type="checkbox"/> Delete
NAME	HONEYCUTT, KAREN	
STREET ADDRESS	26 CHATEAU ROAD	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	PARR, FAITH	
STREET ADDRESS	6323 THOMAS DR #802	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	CST	<input checked="" type="checkbox"/> Delete
NAME	HARDEGREE, JUDY	
STREET ADDRESS	127 SUN LANE	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doyle, Mame	
STREET ADDRESS	6705 Harbour Blvd	
CITY-ST-ZIP	Panama City Bch FL 32407	
TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geneva, Arlene	
STREET ADDRESS	22811 PCB PRWY	
CITY-ST-ZIP	Panama City Bch FL 32413	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hardegree, Judy	
STREET ADDRESS	127 Sun Lane	
CITY-ST-ZIP	Panama City Bch FL 32413	
TITLE	CST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vider, Kay	
STREET ADDRESS	8017 North Lagoon Dr	
CITY-ST-ZIP	Panama City Bch FL 32408	

12. 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 report or supplemental 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 statement as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Faith Parr* - Faith Parr

4/27/04

850 234 0612