


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90113 034 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2368315	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PARENS, MUGSY 511 GRANADA CIRCLE PANAMA CITY BEACH, FL 32413				7. Name and Address of New Registered Agent Name SHIRLEY CRAWFORD Street Address (P.O. Box Number is Not Acceptable) - 130 LAKEVIEW CIRCLE City PANAMA CITY BEACH FL Zip Code 32413	
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 <u>Shirley H Crawford</u> 4-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD PARENS, MUGSY <input checked="" type="checkbox"/> Delete 511 GRANADA CIRCLE PANAMA CITY BEACH, FL 32413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Shirley Crawford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 130 LAKEVIEW CIRCLE PANAMA CITY BEACH, FL 32413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DOYLE, MAME <input checked="" type="checkbox"/> Delete 6705 HARBOUR BLVD. PANAMA CITY BEACH, FL 32407		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MUGSY PARENS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 509 GRANADA CIRCLE PANAMA CITY BEACH, FL 32413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD GENEVA, ARLENE <input type="checkbox"/> Delete 22811 PCB PKWY PANAMA CITY BEACH, FL 32413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RST HONEYCUTT, KAREN <input checked="" type="checkbox"/> Delete 26 CHATEAU ROAD PANAMA CITY BEACH, FL 32413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	RST LINDA WAGES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 22811 PCB PKWY, #10 PANAMA CITY BEACH, FL 32413	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARDEGREE, JUDY <input type="checkbox"/> Delete 127 SUN LANE PANAMA CITY BEACH, FL 32413		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST VIDER, KAY <input checked="" type="checkbox"/> Delete 8017 NORTH LAGOON DR. PANAMA CITY, FL 32408		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST SHIRLEY HAGEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 108 SMUGGLERS COVE CT PANAMA CITY BEACH, FL 32413	
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 report 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: <u>Judith B Hardegree</u> 4/9/05 850-234-7589 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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