

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90146 049 \*\*\*\*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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

40033



04082006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2368315**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CRAWFORD, SHIRLEY  
 130 LAKEVIEW CIRCLE  
 PANAMA CITY BEACH, FL 32413**

**7. Name and Address of New Registered Agent**

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CRAWFORD, SHIRLEY	130 LAKEVIEW CIRCLE	PANAMA CITY BEACH, FL 32413	<input type="checkbox"/>
VPD	PARENS, MUGSY	509 GRANADA CIRCLE	PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/>
2VPD	GENEVA, ARLENE	22811 PCB PKWY	PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/>
RST	WAGES, LINDA	22811 PCB PKWY #10	PANAMA CITY BEACH, FL 32413	<input type="checkbox"/>
T	HARDEGREE, JUDY	127 SUN LANE	PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/>
CST	HAGEN, SHIRLEY	108 SMUGGLERS COVE CT	PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VPO	JUDITH HARDEGREE	127 SUN LANE	PANAMA CITY BEACH, FL 32413	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd VPD	Cherry Creekmore	2405 GLADES TRAIL	PANAMA CITY BEACH, FL 32407	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treas	PEGGY CRUSEY	168 HOMBRE CIRCLE	PANAMA CITY BEACH, FL 32407	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CST	JANET VAN BERGEN	132 LAKEVIEW CIRCLE	PANAMA CITY BEACH, FL 32413	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Judith B. Hardegree Treasurer 4-13-06 850 234-7589  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JUDITH B. HARDEGREE