


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90366 010 \*\*\*\*61.25

<b>DOCUMENT # 712943</b>					
<b>1. Entity Name</b> WOMEN'S CIVIC CLUB OF PANAMA CITY BEACH, FLORIDA INC.					
<b>Principal Place of Business</b> 2906 PRESERVE BLVD PANAMA CITY BEACH, FL 32408 US			<b>Mailing Address</b> P O BOX 9759 PANAMA CITY BEACH, FL 32417 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-2368315	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BIGUS, SUSAN 229 SOUTH GLADES TRAIL PANAMA CITY BEACH, FL 32407			<b>7. Name and Address of New Registered Agent</b> Name <u>KAY VIDER</u> Street Address (P.O. Box Number is Not Acceptable) <u>8017 N LAGOON DR</u> City <u>PANAMA CITY BEACH</u> FL Zip Code <u>32408</u>		
<b>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.</b>					
SIGNATURE <u>Kay Vider</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>4/24/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VANDENBERG, NANCY 2906 PRESERVE BLVD PANAMA CITY BEACH, FL 32408	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRS HARDEGREE, JUDITH 127 SUN LANE PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRS ALICE JACOBS 106 OLEANER CIRCLE PANAMA CITY BEACH FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPS CREEKMORE, CHERRY 240 S GLADES TRAIL PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPS DEBBIE SAGER 132 COLINA CIRCLE PANAMA CITY BEACH FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRSR BIGUS, SUSAN 229 SOUTH GLADES TRAIL PANAMA CITY BEACH, FL 32407	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRSR KAY VIDER 8017 N LAGOON DR PANAMA CITY BEACH FL 32408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <u>Kay Vider</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4/24/08</u> <small>Date Daytime Phone #</small>		

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04222008 Chg-NP CR2E037 (12/06)