

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 712943

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

8017 N. LAGOON DR.  
PANAMA CITY BEACH, FL 32408 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 9759  
PANAMA CITY BEACH, FL 32417 US

**New Mailing Address:**

**FEI Number:** 59-3671791

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VIDER, KAY  
8017 N LAGOON DRIVE  
PANAMA CITY, FL 32408 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: GREENE, JILL  
Address: 151 DAMON CIRCLE  
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: VPRS  
Name: VIDER, KAY  
Address: 8017 N. LAGOON DR.  
City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: 2VPS  
Name: HARDEGREE, JUDY  
Address: 127 SUN LANE  
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: TRSR  
Name: SCHULTZ, TAMMY  
Address: 111 TWILIGHT BAY DR.  
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: SECT  
Name: LICHTENBERGER, ELAINE  
Address: 133 SUN LANE  
City-St-Zip: PANAMA CITY BEACH, FL 32413 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TAMMY SCHULTZ

TRSR

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date