2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712943

1. Entity Name

WOMEN'S CIVIC CLUB OF WEST PANAMA CITY BEACH, FL ORIDA, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90472 004 ****61.25

UHIDA, ING.			1000	THE THE			
Principal Place P O BOX 9759 PANAMA CITY I	e of Business BEACH FL 32417	Mailing Address P O BOX 9759 PANAMA CITY BEACH FL 32417 US		 	TRA 1814 REBIN BIRDE BERTE BERTE	11 8 11 81814 18 8 4	
2. Principal P	lace of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-2368315 Applied For		
Zip Country		Zip	Country		Not Applicable		
			,		5. Certificate of Status Desired	Fee Requ	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
ROAN, JA 6323 THO PANAMA	Street A	Street Address (P.O. Box Number is Not Acceptable) SII Granada Cir					
city Pana							
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. SIGNATUREX Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW: FEE IS \$61.25 9. Election Campaign Trust Fund Contribution 10. OFFICERS AND DIRECTORS						Take Check Payable rida Department of CERS AND DIRECTORS	f State
			11.	G9 T	ADDITIONO/OFFICIALED TO CITY		
TITLE		Delete	TITLE		rens, Mugsy.	Change	e 🖭 Addition
NAME	ROAN, JANET		NAME STREET ADDRESS		Granada Circ	Je_	[:
				ន្ត្តា	0-10-11-0	_	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		CITY-ST-ZIP		ama City Bch	Fl 32413	
TITLE	VPD 2 di	Delete	TITLE	N.bt		Change	e 🗹 Addition
NAME	WILSON, JOAN		NAME		11e, Mame	ia Rd	
STREET ADDRESS	546 N. LAKESHORE DR. 9		STREET ADDRESS	डूप			
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		-CITY-ST-ZIP_		rama - CityBo	L FI 324	
TITLE	VPD WETZEL JUNE	Delete	TITLE	2nd	L UPD Shila	Change	e 🖫 Addition
NAME	INCIDENT ANIM		NAME		mford, Shirle	Je	•
	21507 CARIBBEAN LANE		STREET ADDRESS CITY-ST-ZIP	130	0001/001		211.3
CITY-ST-ZIP	PANAMA CITY BEACH FL 32413		+		nama City B		2413
TITLE	RST	Delete	IIILE RST		rey cutt, Kalrev		e 🖳 Addition
NAME	LINDLEY, VIRGINIA		NAME	ا 2	Chateau Road		
	6324 PINE DRIVE		STREET ADDRESS CITY-ST-ZIP	Par	name City Be	h FL 32	2413
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408			100	100112 019 130	<u></u>	
TITLE	I SULVANIE EUSANETU	U elete	TITLE	٦ ا	r Faith .	Change	e 🖪 🗚 ddition
NAME	DU MONT, ELIZABETH		NAME	Par	1 1 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4802	1
STREET ADDRESS . CITY-ST-ZIP	6323 THOMAS DRIVE #703		STREET ADDRESS CITY-ST-ZIP	1 -	23 (11.5)		SYC
	PANAMA CITY BEACH FL 32408					· - ·	
TITLE	CST	Delete	TITLE	CST		☐ Changi	e Addition
NAME CARREST ADDRESS	BELLUS, DOROTHY		NAME CTREET ADDRESS		_0,00(, , -		(
	1640 ACRE CIRCLE		STREET ADDRESS	1/2	1 Sun Lane	N. 1 1 2	211.2
	PANAMA CITY BEACH FL 32407		CITY-ST-ZIP		nama Lity	sin ch s	16412
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.							