FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:12

DOCUMENT # 731866 (0)

1. Corporation Name
THE CIVITAN CLUB OF PANAMA CITY, FLORIDA, INC.

Principal Place of Business	Mailing Address
4007 TORINO WAY PO BOX 1667 PANAMA CITY FL 32402-8667	4007 TORINO WAY PO BOX 1667 PANAMA CITY FL 32402-8667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1975
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-1838445 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COOPER, WILLIAM A., JR.
1206 TYNDALL DR.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D = Director	☒ Change ☐ Addition
NAME	WHITE BOB	1.2 NAME		
STREET ADDRESS	1035 W 19TH ST 12-A	1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITYM FL	1.4 CITY-ST-ZIP		
TITLE	ST	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITE MARGARET	2.2 NAME		
STREET ADDRESS	1025 W19TH ST 12-A	2.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	d = Director	☒ Change ☐ Addition
NAME	SMILLEY, JACK	3.2 NAME	Gambrell, Lorry	
STREET ADDRESS	4802 DOVER ROAD	3.3 STREET ADDRESS	2713 Glenview Avenue	
CITY-ST-ZIP	PANAMA CITY FL	3.4 CITY-ST-ZIP	Panama City, FL 32405	
TITLE	D	4.1 TITLE	P = President	☒ Change ☐ Addition
NAME	FARVER JEFF	4.2 NAME		
STREET ADDRESS	3120 MINNESOTA AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	4.4 CITY-ST-ZIP		
TITLE	PP	5.1 TITLE	D = Director	☒ Change ☐ Addition
NAME	THORNE ELDING J	5.2 NAME	Thorne, Elaine	
STREET ADDRESS	4007 TORONWAY	5.3 STREET ADDRESS	4007 Torino Way	
CITY-ST-ZIP	PANAMA CITY FL	5.4 CITY-ST-ZIP	Panama city, FL 32405	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Margaret M. White MARGARET M. White 1-21-95 904-785-2261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021488