

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

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PO BOX 1667  
PANAMA CITY FL 32402-8667



3. Date Incorporated or Qualified

02/12/1975

3a. Date of Last Report

01/27/1995

4. FEI Number

59-1838445

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ~~DELETE~~  
NAME WHITE BOB  
STREET ADDRESS 1035 W 19TH ST 12-A  
CITY-ST-ZIP PANAMA CITY FL

TITLE ST ~~DELETE~~  
NAME WHITE MARGARET  
STREET ADDRESS 1025 W 19TH ST 12-A  
CITY-ST-ZIP PANAMA CITY FL

TITLE D ~~DELETE~~  
NAME GAMBRELL, LORRY  
STREET ADDRESS 2713 GLENVIEW AVENUE  
CITY-ST-ZIP PANAMA CITY FL

TITLE P ☐ DELETE  
NAME FARVER JEFF  
STREET ADDRESS 3120 MINNESOTA AVE  
CITY-ST-ZIP PANAMA CITY FL

TITLE D ☐ DELETE  
NAME THORNE, ELAINE  
STREET ADDRESS 4007 TORINO WAY  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PRESIDENT ☒ Change ☒ Addition  
1.2 NAME JUDITH TINDER  
1.3 STREET ADDRESS 504 VIRGINIA AV  
1.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

2.1 TITLE S/T ☒ Change ☒ Addition  
2.2 NAME PHILIP THORNE  
2.3 STREET ADDRESS 4007 TORINO WAY  
2.4 CITY-ST-ZIP PANAMA CITY, FL 32405

3.1 TITLE D ☒ Change ☒ Addition  
3.2 NAME ROBERT CLOWE  
3.3 STREET ADDRESS 1000 BAY 1386 12558 FIREBONKS L  
3.4 CITY-ST-ZIP YOUNGSTOWN FL 32446

4.1 TITLE DIRECTOR ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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:

PHILIP THORNE J PHILIP THORNE

2-5-96 (904) 747-3716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)