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May 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 731866 (0)

1. Corporation Name

THE CMITAN 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 32402-1667



3. Date Incorporated or Qualified  
02/12/1975

3a. Date of Last Report  
03/08/1996

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

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 Suite, Apt. #, etc.

26 PO Box 1667  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

32402

BA4

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 P ☒ DELETE  
NAME TINDER, JUDITH  
STREET ADDRESS 504 VIRGINIA AV  
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE ST ☒ DELETE  
NAME THORNE, PHILIP  
STREET ADDRESS 4007 TORINO WAY  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ DELETE  
NAME CROWE, ROBERT  
STREET ADDRESS 12538 FAIRBANKS LN  
CITY-ST-ZIP YOUNGSTOWN FL 32446

TITLE D ☒ 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 P ☒ Change ☐ Addition  
1.2 NAME BECK ROBERT D  
1.3 STREET ADDRESS 1609 MAINE AVE  
1.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

2.1 TITLE S ☒ Change ☐ Addition  
2.2 NAME BECK BARBARA D  
2.3 STREET ADDRESS 1609 MAINE AVE  
2.4 CITY-ST-ZIP LYNN HAVEN, FL 32444

3.1 TITLE T ☒ Change ☐ Addition  
3.2 NAME COOK VICKIE D  
3.3 STREET ADDRESS 504 VIRGINIA AVE  
3.4 CITY-ST-ZIP LYNN HAVEN FL

4.1 TITLE ☐ 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 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

CR2E037 (9/96)