

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
**4007 TORINO WAY
PO BOX 1667
PANAMA CITY FL 32402-8667**

Mailing Address
**P.O. BOX 1667
PANAMA CITY FL 32402**



2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
02/12/1975

4. FEI Number
59-1838445

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 **TINDER, Judy**
82 Street Address (P.O. Box Number is Not Acceptable)
196 N. TYNDALL PKY
83
84 City **Panama City** FL 85 Zip Code **32401**

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 *Judy* **3/30/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BECK, ROBERT	
STREET ADDRESS	1809 MAINE AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BECK, BARBARA	
STREET ADDRESS	1809 MAINE AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COOK, VICKIE	
STREET ADDRESS	504 VIRGINIA AVE	
CITY-ST-ZIP	LYNN HAVEN FL 32446	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THORNE, ELAINE	
STREET ADDRESS	4007 TORINO WAY	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JEFF FARNOR	
1.3 STREET ADDRESS	611 N. EAST AVE	
1.4 CITY-ST-ZIP	Panama City, FL 32401	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BECK, ROBERT	
4.3 STREET ADDRESS	1809 MAINE AVE	
4.4 CITY-ST-ZIP	LYNN HAVEN, FL 32444	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Vickie L. Cook* **VICKIE L. COOK 2/23/98 265-8258**

CR2E037 (10/97)