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

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **734398** (1)

1. Corporation Name
THE PANAMA CITY JR. WOMEN'S CLUB, INC.

Principal Place of Business	Mailing Address
PO BOX 1634 PANAMA CITY FL 32402	PO BOX 1634 PANAMA CITY FL 32402

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1975
3a. Date of Last Report: 07/08/1994
4. FEI Number: 23-7115495 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

BURKE, LES W
303 MAGNOLIA AVE
PANAMA CITY FL

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, if any, of new or former registered agent and title, if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	WARRINER, SHARON	12 NAME	Warner, Sharon	
STREET ADDRESS	2916 KINS HARBOUR RD	13 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	WING, SANDY	22 NAME		
STREET ADDRESS	1036 W 11TH COURT	23 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	CALDWELL, PEGGY	32 NAME		
STREET ADDRESS	2913 KINGS HARBOUR RD	33 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP		
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	SMITH, TONYA	42 NAME		
STREET ADDRESS	109 MANISTEE	43 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH. FL	44 CITY-ST-ZIP		
TITLE	DT	51 TITLE		☐ Change ☐ Addition
NAME	REIMERS, CINDY	52 NAME		
STREET ADDRESS	705 HUMMINGBIRD ST	53 STREET ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL	54 CITY-ST-ZIP		
TITLE	T	61 TITLE		☒ Change ☐ Addition
NAME	DODD, KIM	62 NAME		
STREET ADDRESS	305 CASCADE ST.	63 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH FL	64 CITY-ST-ZIP	Panama City, FL	

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: Kimberly Dodd Kimberly Dodd 4/20/95 904-785-4645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026488