

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 # 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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1975		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 23-7115495		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURKE, LES W
303 MAGNOLIA AVE
PANAMA CITY FL**

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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARNER, SHARON			1.2 NAME	Wing, Sandy		
STREET ADDRESS	2916 KINS HARBOUR RD			1.3 STREET ADDRESS	1036 W. 11th Court		
CITY-ST-ZIP	PANAMA CITY FL			1.4 CITY-ST-ZIP	PC, FL		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WING, SANDY			2.2 NAME	Kim Dodd		
STREET ADDRESS	1036 W 11TH COURT			2.3 STREET ADDRESS	305 Cascade		
CITY-ST-ZIP	PANAMA CITY BCH FL			2.4 CITY-ST-ZIP	Panama City, FL		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CALDWELL, PEGGY			3.2 NAME	Sharon Warner		
STREET ADDRESS	2913 KINGS HARBOUR RD			3.3 STREET ADDRESS	2916 Kings Harbour Rd		
CITY-ST-ZIP	PANAMA CITY FL			3.4 CITY-ST-ZIP	Panama City, FL		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, TONYA			4.2 NAME	Mary K. San Juan		
STREET ADDRESS	109 MANISTEE			4.3 STREET ADDRESS	812 North Bay Dr		
CITY-ST-ZIP	PANAMA CITY BCH. FL			4.4 CITY-ST-ZIP	PC, FL		
TITLE	DT	<input type="checkbox"/> DELETE		5.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REIMERS, CINDY			5.2 NAME	Bacia, Pat		
STREET ADDRESS	705 HUMMINGBIRD ST			5.3 STREET ADDRESS	22106 sunnyside Lane		
CITY-ST-ZIP	LYNN HAVEN FL			5.4 CITY-ST-ZIP	PC Beach, FL		
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DODD, KIM			6.2 NAME	Reimers, Cindy		
STREET ADDRESS	305 CASCADE ST.			6.3 STREET ADDRESS	705 Hummingbird St.		
CITY-ST-ZIP	PANAMA CITY FL			6.4 CITY-ST-ZIP	Lynn Haven, FL 32444		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cindy Reimers

5/17/96 785-4311 ext 281

CR2E037 (12/95)