

FILE NOW: FILING FEE IS \$61.25

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**Apr 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734398 (1)
1. Corporation Name
THE PANAMA CITY JR. WOMEN'S CLUB, INC.



Principal Place of Business PO BOX 1634 PANAMA CITY FL 32402	Mailing Address PO BOX 1634 PANAMA CITY FL 32402
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3. Date Incorporated or Qualified 11/20/1975	
4. FEI Number 23-7115495	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, SHARON	1.2 NAME	SOWELL, MARY
STREET ADDRESS	2918 KINS HARBOUR RD	1.3 STREET ADDRESS	2419 PARKWOOD DR
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WING, SANDY	2.2 NAME	DODD, KIM
STREET ADDRESS	1038 W 11TH COURT	2.3 STREET ADDRESS	305 CASCADE ST
CITY-ST-ZIP	PANAMA CITY BCH FL	2.4 CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAN JUAN, MARY K	3.2 NAME	MYRICK, LESLIE
STREET ADDRESS	812 NORTH BAY DR.	3.3 STREET ADDRESS	1009 HUNTINGDON RD
CITY-ST-ZIP	LYNN HAVEN FL	3.4 CITY-ST-ZIP	PANAMA CITY FL 32405
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACIA, PAT	4.2 NAME	SAN JUAN, MARY
STREET ADDRESS	22100 SUNNYSIDE LANE	4.3 STREET ADDRESS	812 N BAY DR
CITY-ST-ZIP	PANAMA CITY BEACH FL	4.4 CITY-ST-ZIP	LYNN HAVEN FL 32444
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIMERS, CINDY	5.2 NAME	WILLIAMS, DONNA
STREET ADDRESS	705 HUMMINGBIRD ST.	5.3 STREET ADDRESS	5617 THELMA AVE
CITY-ST-ZIP	LYNN HAVEN FL	5.4 CITY-ST-ZIP	PANAMA CITY FL 32404
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DODD, KIM	6.2 NAME	DOWNNEY, LISA
STREET ADDRESS	305 CASCADE ST.	6.3 STREET ADDRESS	1019 W 11TH COURT
CITY-ST-ZIP	PANAMA CITY FL	6.4 CITY-ST-ZIP	PANAMA CITY FL 32401

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: M. K. San Juan **Mary K. San Juan** **Treasurer** **3-31-98** **850/234-4612**

CR2E037 (10/97)