

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 734398

1. Entity Name
GFWC PANAMA CITY JUNIOR WOMANS'S CLUB, INC.



Principal Place of Business

**PO BOX 1634
PANAMA CITY, FL 32402**

Mailing Address

**PO BOX 1634
PANAMA CITY, FL 32402**



03062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7115495

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, DOUGLAS L
BURKE, BLUE & HUTCHINSON, P.A.
221 MCKENZIE AVE
PANAMA CITY, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000664272
03/22/07-80037-011 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**P
DICKEY, JUDY
708 WEST 8TH CIR
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**S
BERRY, DANA
2725 WEST 27TH ST
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
MCMAHON, BETH
1804 MILLWOOD LN
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
LANCE, CHRISTINE
3762 BAY TREE RD
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DV
LOCKE, ELAINE
1422 NORTH BAY DR
LYNN HAVEN, FL 32444**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**O
MILLS, KATHY
118 NORTH CLAIRE DR
PANAMA CITY, FL 32401**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-2007

850-271-5130