


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # 734398 1. Entity Name GFWC PANAMA CITY JUNIOR WOMANS'S CLUB, INC.	
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Principal Place of Business PO BOX 1634 PANAMA CITY, FL 32402	Mailing Address PO BOX 1634 PANAMA CITY, FL 32402
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DO NOT WRITE IN THIS SPACE

04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7115495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DICKEY, JUDY 708 WEST 8TH CIR LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BERRY, DANA 2725 WEST 27TH ST PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCMAHON, BETH 1804 MILLWOOD LN LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANCE, CHRISTINE 3762 BAY TREE RD LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOCKE, ELAINE 1422 NORTH BAY DR LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O MILLS, KATHY 118 NORTH CLAIRE DR PANAMA CITY, FL 32401

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05/01/08-80010-017 61.25

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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:  *Beth McMahon, Treasurer* 4-25-2008 850-271-5130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #