

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90305 030 ****61.25

DOCUMENT # 734398

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7115495**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKE, LES W
303 MAGNOLIA AVE
PANAMA CITY FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **DP**
STREET ADDRESS **DINGUS, NANCY**
CITY-ST-ZIP **400 S. PALO ALTO**
PANAMA CITY FL 32401

TITLE ☐ Change ☒ Addition
NAME **DP**
STREET ADDRESS **Caroline Smith**
CITY-ST-ZIP **807 Florida Ave.**
Panama City FL 32401

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **PACE, TERRY**
CITY-ST-ZIP **3218 GAME FARM RD.**
PANAMA CITY FL 32405

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Cassie Allan**
CITY-ST-ZIP **207 S. Claire Dr**
Panama City FL 32401

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **CLARK, SUSAN**
CITY-ST-ZIP **2742 RAVENWOOD CT.**
LYNN HAVEN FL 32444

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Christine Peadar**
CITY-ST-ZIP **321 Alexander Dr**
LYNN HAVEN FL 32444

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **DICKEY, JUDY**
CITY-ST-ZIP **708 W. EIGHT CIR.**
LYNN HAVEN FL 32444

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **DV**
STREET ADDRESS **MATHIS, KAREN**
CITY-ST-ZIP **4514 GARRISON RD.**
PANAMA CITY FL 32404

TITLE ☐ Change ☒ Addition
NAME **DV**
STREET ADDRESS **Crystal Williams**
CITY-ST-ZIP **936 Oak Ave**
Panama City FL 32401

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **MORROW, NICKI**
CITY-ST-ZIP **460 SUDDUTH DR.**
PANAMA CITY FL 32401

TITLE ☐ Change ☒ Addition
NAME **O**
STREET ADDRESS **Terry Hasty**
CITY-ST-ZIP **107 S. Palo Alto Ave.**
Panama City FL 32401

12. 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 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:

Kathleen McElbred Treasurer

4/22/03 8509131595

CR2E037 (10/02)