

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90028 039 ****61.25

DOCUMENT # 741014

1. Corporation Name

CATHOLIC CHARITIES OF PANAMA CITY, INC.

Principal Place of Business

3128 E. 11TH STREET
PANAMA CITY FL 32401

Mailing Address

3128 E. 11TH STREET
PANAMA CITY FL 32401



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/12/1977

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2187226

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DICKENS, MARION M.
3128 E. 11TH STREET
PANAMA CITY FL 32401

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 ☐ DELETE

V
NAME TANG, CAROL
STREET ADDRESS 2641 FEROL LANE
CITY-ST-ZIP LYNN HAVEN FL 32444

1.1 TITLE ☒ Change ☐ Addition

V
1.2 NAME BOBBY NOWELL
1.3 STREET ADDRESS 450 JENKS AVE
1.4 CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE ☐ DELETE

P
NAME ART, GROOMES
STREET ADDRESS 3736 GREENTREE PLACE
CITY-ST-ZIP PANAMA CITY FL 32405

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

T
NAME WILLIAMS, SETH
STREET ADDRESS 125 GWYN DRIVE
CITY-ST-ZIP PANAMA CITY FL 32408

3.1 TITLE ☒ Change ☐ Addition

T
3.2 NAME
3.3 STREET ADDRESS OPEN
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

S
NAME MONAGHAN, ANN
STREET ADDRESS 3314 SOUTH HARBOR CR
CITY-ST-ZIP PANAMA CITY FL 32405

4.1 TITLE ☒ Change ☐ Addition

S
4.2 NAME NORMANDY COOPER
4.3 STREET ADDRESS 7812 ARBOR LANE
4.4 CITY-ST-ZIP PANAMA CITY, FL 32404

TITLE ☐ DELETE

D
NAME KOLK, JACALYN
STREET ADDRESS 1610 BECK AVENUE
CITY-ST-ZIP PANAMA CITY FL

5.1 TITLE ☒ Change ☐ Addition

D
5.2 NAME MARION BARRY
5.3 STREET ADDRESS 136 CRANE STREET
5.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE ☐ DELETE

D
NAME BAKER, BOBBI
STREET ADDRESS 2808 WOODMERE DRIVE
CITY-ST-ZIP PANAMA CITY FL 32405

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: ART GROOMES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99

Date

850-763-0475

Daytime Phone #

CR2E037 (11/98)