

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741615 (9)

1. Corporation Name

PANAMA CITY DIVE CLUB, INC.



Principal Place of Business

Mailing Address

7213 EMERSON DR
P. O. BOX 4636
PANAMA CITY FL 32408
US

7213 EMERSON DR
P. O. BOX 4636
PANAMA CITY FL 32408
US

3. Date Incorporated or Qualified
02/15/1978

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2250006

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JENKINS, WALLY T
7213 EMERSON DR
PANAMA CITY FL 32408

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

WALLY T. JENKINS (TREASURER) *Wally T. Jenkins*

1-19-96

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

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
JENKINS, WALLY T
7213 EMERSON DR
PANAMA CITY BEACH FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
COOK, KATHERINE
5207-C THOMAS DR
PANAMA CITY FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
SD
MYERS, HELEN
1006 BRADLEY CIRCLE
LYNN HAVEN, FL 32444
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
VAISNIS, PATRICIA
5601 A PINITRER AVE
PANAMA CITY FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
PURER, AL
306 VIRGINIA AVE
LYNN HAVEN FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
JOHNS, JONI
2407 CHARGE DR
PANAMA CITY FL

☒ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
MEINTS, MICHAEL
PO BOX 16614 N/A
PANAMA CITY FL

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
PD
MEINTS, MICHAEL
PO BOX 16614 N/A
PANAMA CITY FL 32405
☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Wally T. Jenkins* WALLY T. JENKINS

1-19-96

904-284-5724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)