2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741615

FILED Feb 05, 2009 Secretary of State

Entity Name: PANAMA CITY DIVE CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

211 LAVALENCIA CIRCLE

PANAMA CITY BEACH, FL 32413 LIS

Current Mailing Address: New Mailing Address:

P.O. BOX 35146

PANAMA CITY, FL 32412 US

FEI Number: 59-2250006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GIBBS, BARRY 211 LAVALENCIA CIRCLE PANAMA CITY BEACH, FL 32413 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

GIBBS, BARRY Name: Name:

211 LAVALENCIA CIRCLE Address: Address: City-St-Zip: PANAMA CITY, BEACH, FL 32413 US City-St-Zip:

Title: () Delete Title: VΡ (X) Change () Addition

WEBER, PAT Name: WEBER, RICH Name:

Address: 8420 LYDIA LN Address: 8420 LYDIA LN

City-St-Zip: PANAMA CITY BEACH, FL 32408 US City-St-Zip: PANAMA CITY BEACH, FL 32408 US

Title: () Delete Title: (X) Change () Addition

GIBBS, KAREN PESZKO, ERIC Name: Name: Address: Address:

211 LAVALENCIA CIRCLE 16411 CASTILLE AVENUE City-St-Zip: PANAMA CITY BEACH, FL 32413 US City-St-Zip: PANAMA CITY BEACH, FL 32413 US

Title: () Delete Title: (X) Change () Addition Name: LOGSDON, BILL Name: LIPSCOMB, CHAN

189 TREASURE PALM DRIVE 1310 RHODE ISLAND Address: Address: City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: PANAMA CITY, FL 32405

Title: () Delete Title: (X) Change () Addition

LIPSCOMB, CHAN LIPSCOMB, CHAN Name: Name: 1310 RHODE ISLAND AVE 1310 RHODE ISLAND AVE Address: Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY GIBBS Ρ 02/05/2009