

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90092 002 ****61.25

DOCUMENT # 742707

1. Entity Name
PANHANDLE TIGER BAY CLUB, INC.



Principal Place of Business
P. O. BOX 133
PENSACOLA, FL 32591

Mailing Address
P. O. BOX 133
PENSACOLA, FL 32591

60009199



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2496417

Applied For
Not Applicable

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

REYES, RACHEL D
5638 CHAMPIONS DR
PACE, FL 32571

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

Filing Fee is \$61.25
Due by May 1, 2007

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 PD ☐ Delete
NAME STOPP, MARGARET
STREET ADDRESS 4212 BRIGHTON DR
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE D ☒ Change ☐ Addition
NAME STOPP, MARGARET
STREET ADDRESS 4212 BRIGHTON DR
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE SD ☐ Delete
NAME GILLIAM, TOM
STREET ADDRESS PO BOX 1831
CITY-ST-ZIP PENSACOLA, FL 325911831

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

TITLE TD ☐ Delete
NAME REYES, RACHEL D
STREET ADDRESS 5638 CHAMPIONS DR
CITY-ST-ZIP PACE, FL 32571

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Change ☒ Addition
NAME YOUNG, PAUL
STREET ADDRESS 5955 OSPREY PLACE
CITY-ST-ZIP PENSACOLA, FL 32504

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2007

Date

Daytime Phone #