

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90143 043 *****61.25

DOCUMENT # N00000007167

1. Entity Name

EMERALD COAST BUSINESS AND PROFESSIONAL WOMEN'S CLUB, INC.



Principal Place of Business

**653 W 23RD STREET
#209
PANAMA CITY FL 32405**

Mailing Address

**653 W 23RD STREET
#209
PANAMA CITY FL 32405**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3565113**

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

**COTHRAN, MONICA L
8 HARVARD CIRCLE
PANAMA CITY FL 32405**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	BELL, CAROL L	
STREET ADDRESS	112 CAKRDIGE PLACE	
CITY-ST-ZIP	PANAMA CITY FL 32408	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARLESS, JODI	
STREET ADDRESS	501 W 19TH STREET	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	LILLIARD, TAMMY	
STREET ADDRESS	1830 LIENBY AVE #D	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CHEESBRO, NICOLE	
STREET ADDRESS	P.O. BOX 209	
CITY-ST-ZIP	LYNN HAVEN FL 32444	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BURKE, TRACEY	
STREET ADDRESS	501 W 19TH ST	
CITY-ST-ZIP	PANAMA CITY FL 32405	
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol L Bell Cheesbro, Nicole	
STREET ADDRESS	P.O. Box 209	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Stevens	
STREET ADDRESS	P.O. Box 1776	
CITY-ST-ZIP	Panama City, FL 32402	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Debbie Gieger	
STREET ADDRESS	1830 Lisenby Ave	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Karen Rahon	
STREET ADDRESS	450 Jenks Ave	
CITY-ST-ZIP	Panama City, FL 32401	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ingram, Kristie	
STREET ADDRESS	501 W. 19th Street	
CITY-ST-ZIP	Panama City, FL 32405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Kristie Ingram*

4/17/03 (850) 769-9491

CR2E037 (10/02)