

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001456

FILED  
Feb 16, 2009  
Secretary of State

Entity Name: PANAMA CITY SWIM TEAM, INC.

**Current Principal Place of Business:**

GULF COAST COMMUNITY COLLEGE  
5230 W HWY 98  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 15651  
PANAMA CITY, FL 32406

**New Mailing Address:**

FEI Number: 59-3582323

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHITTON, JEFFREY P  
565 HARRISON AVE  
PANAMA CITY, FL 32401 US

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

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PR ( ) Delete  
Name: CLAVEAU, DAN  
Address: 2003 SUTHERLAND RD  
City-St-Zip: LYNN HAVEN, FL 32444

Title: TR ( ) Delete  
Name: MCDONALD, ROB  
Address: 210 BIRDIE LANE  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PR (X) Change ( ) Addition  
Name: KEARNS, GENE  
Address: 406 TENNESSEE AVE  
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: DR (X) Change ( ) Addition  
Name: MCDONALD, ROB  
Address: 210 BIRDIE LANE  
City-St-Zip: PANAMA CITY BEACH, FL 32407 US

Title: TR ( ) Change (X) Addition  
Name: WHITEHEAD, CATHARINA  
Address: 154 CANDLEWICK CIRCL  
City-St-Zip: PANAMA CITY, FL 32405 US

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: CATHARINA WHITEHEAD

TR

02/16/2009

Electronic Signature of Signing Officer or Director

Date