

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004935

FILED
Mar 04, 2009
Secretary of State

Entity Name: PANAMA CITY BEACH PAWS & CLAWS, INC.

Current Principal Place of Business:

7300 SOUTH LAGOON DRIVE
PANAMA CITY, FL 32408

New Principal Place of Business:

Current Mailing Address:

PO BOX 7412
PANAMA CITY BEACH, FL 32413

New Mailing Address:

7300 SOUTH LAGOON DRIVE
PANAMA CITY, FL 32408

FEI Number: 14-1839943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CILBRITH, LINDA
7300 SOUTH LAGOON DRIVE
PANAMA CITY, FL 32408 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: DP () Delete
Name: CILBRITH, LINDA
Address: 7300 S LAGOON DR
City-St-Zip: PANAMA CITY, FL 32408

Title: DT () Delete
Name: GATE, ALEXANDRA W
Address: 602 W 7TH ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: COVINGTON, JUDY
Address: 6111 HILLTOP AVE
City-St-Zip: PANAMA CITY, FL 32408

Title: DS () Delete
Name: HEPPE, KIM
Address: 1801 ECHO LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: WATSON, FLO
Address: 16233 E LULLWATER DR
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D () Delete
Name: GUERRA, BETTY
Address: 21707 PALM AVE
City-St-Zip: PANAMA CITY BEACH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: WESTGATE, ALEXANDRA W
Address: 602 W 7TH ST
City-St-Zip: LYNN HAVEN, FL 32444

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA CILBRITH

DP

03/04/2009

Electronic Signature of Signing Officer or Director

Date