

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90006 001 \*\*\*\*61.25

**DOCUMENT # N05000004940**

1. Entity Name  
PANAMA CITY PARROT HEAD CLUB, INC.



Principal Place of Business  
711 W BEACH DRIVE  
PANAMA CITY, FL 32401

Mailing Address  
P.O. BOX 1023  
PANAMA CITY, FL 32402



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

01142008 Chg-NP CR2E037 (12/06)

4. FEI Number

20-1413697 26-1474213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

## 6. Name and Address of Current Registered Agent

RUSSELL, SUSANNA  
4530 BAYWOOD DRIVE  
LYNN HAVEN, FL 32444

## 7. Name and Address of New Registered Agent

Name **TREASURER**

Street Address (P.O. Box Number is Not Acceptable)

**711 W BEACH DRIVE**

City **PANAMA CITY**

**FL**

Zip Code  
**32401**

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 **BRUCE LACLE - TREASURER**

**1-28-08**

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, 2008**

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	CAMP, STEVE	
STREET ADDRESS	8403 GULF PINES DR	
CITY-STATE-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LEWIS, LILYAN	
STREET ADDRESS	306 W. BALEWIN RD	
CITY-STATE-ZIP	PANAMA CITY, FL 32405	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LACLE, BRUCE	
STREET ADDRESS	4221 HWY 98 W	
CITY-STATE-ZIP	PANAMA CITY BEACH, FL 32401	
TITLE	OD	<input type="checkbox"/> Delete
NAME	ADAMS, KENT	
STREET ADDRESS	12309 HOUSER RD	
CITY-STATE-ZIP	PANAMA CITY, FL 32404	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KIRBY, KYLE	
STREET ADDRESS	1104 E-3RD ST	
CITY-STATE-ZIP	PANAMA CITY, FL 32401	
TITLE	OD	<input type="checkbox"/> Delete
NAME	FRITCHIE, PATRICIA	
STREET ADDRESS	8809 GEORGETTE STREET	
CITY-STATE-ZIP	PANAMA CITY BEACH, FL 32407	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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 517, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-28-08**

Date

**850-3813995**

Daytime Phone #