

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90026 012 ****61.25

| | | | | | |
|--|------------------------------------|--|---------|---|---|
| DOCUMENT # N05000005090 1. Entity Name PANAMA CITY CENTENNIAL COMMITTEE, INC. | | | | | |
| Principal Place of Business 2515 FRANKFORD AVENUE PANAMA CITY, FL 32405 US | | | | Mailing Address 2515 FRANKFORD AVENUE PANAMA CITY, FL 32405 US | |
| 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 <div style="font-size: 1.2em; font-weight: bold;">20-2869163</div> <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SAUNDERS, REBECCA B 2515 FRANKFORD AVENUE PANAMA CITY, FL 32405 | | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | P <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAUNDERS, REBECCA B | | | NAME | |
| STREET ADDRESS | 2515 FRANKFORD AVENUE | | | STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY, FL 32405 | | | CITY-ST-ZIP | |
| TITLE | VP <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SANGER, DUTCH | | | NAME | |
| STREET ADDRESS | 413 HARRISON AVENUE | | | STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY, FL 32401 | | | CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOMACK, MARLENE | | | NAME | |
| STREET ADDRESS | 2101 NORWOOD PLACE | | | STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY, FL 32405 | | | CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOWELL, JAMES | | | NAME | |
| STREET ADDRESS | 2313 MOUND AVENUE | | | STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY, FL 32405 | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | | NAME | |
| STREET ADDRESS | | | | STREET ADDRESS | |
| CITY-ST-ZIP | | | | 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 all other like empowered. | | | | | |
| SIGNATURE: <u>Rebecca B Saunders</u> <u>Rebecca B Saunders</u> <u>1-23-06</u> <u>850 872 1500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



01082006 Chg-NP CR2E037 (11/05)