


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000000239	
1. Entity Name THE FAN CLUB OF PANAMA CITY, INC.	

Principal Place of Business 4260 BAY POINT ROAD UNIT 1021 PANAMA CITY, FL 32411	Mailing Address P O BOX 28413 PANAMA CITY, FL 32411
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2. Principal Place of Business - No P.O. Box # 2101 W. Hwy 390	3. Mailing Address 616 Mallory Dr
Suite, Apt. #, etc. Apt 1025	Suite, Apt. #, etc.

City & State Lynn Haven FL	City & State Panama City FL
Zip 32444	Zip 32405
Country USA	Country USA

6. Name and Address of Current Registered Agent LOPER, KAY P 4260 BAY POINT ROAD UNIT 1021 PANAMA CITY, FL 32411	7. Name and Address of New Registered Agent Name Kay W. Loper Street Address (P.O. Box Number is Not Acceptable) 2101 W. Hwy 390 Apt 1025 City Lynn Haven FL Zip Code 32444
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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 <i>Kay W. Loper</i> DATE 10-18-07
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPER, KAY W 4260 BAY POINT ROAD UNIT 1021 PANAMA CITY, FL 32411 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kay W. Loper 2101 W. Hwy 390 Apt 1025 Lynn Haven FL 32444 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>R 11/13</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300112176653 11/09/07--01046--001 **70.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: KAY W. LOPER, PRESIDENT <i>Kay W. Loper</i> DATE 10-18-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>	

FILED  
07 NOV -9 AM 11:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA


REINSTATEMENT 07
10122007 FEE: \$61.25 10325009 (1/07)