2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# N08000005688

Entity Name: PANAMA CITY BOP AND SHAG CLUB, INC.

Current Principal Place of Business:

796 WOOD AVE.
PANAMA CITY, FL 32401

New Principal Place of Business:

5702 PINETREE ROAD
PANAMA CITY, FL 32404

Current Mailing Address:

P.O. BOX 36343
PANAMA CITY, FL 32412

New Mailing Address:

FEI Number: 26-3666951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERTAL, BRUCE
796 WOOD AVE.
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

WUEST, DEBBY
5702 PINETREE ROAD
PANAMA CITY, FL 32404 US

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: DEBBY WUEST 04/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FERTAL, BRUCE
Address: 796 WOOD AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: SMITH, KERRY
Address: 613 WINDY LANE
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete
Name: FERTAL, BETTY
Address: 796 WOOD AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: D ( ) Delete
Name: THOMPSON, CHERYL
Address: 7813 N LAGOON DR., 9A
City-St-Zip: PANAMA CITY BEACH, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WUEST, DEBBY
Address: 5702 PINETREE ROAD
City-St-Zip: PANAMA CITY, FL 32404

Title: D (X) Change ( ) Addition
Name: ANDERSON, DONALD
Address: 3910 ARBOR TRACE DRIVE. APT. C
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition
Name: MAY, LINDA
Address: 451 GARDENIA STREET
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: DEBBY WUEST MRS. 04/05/2009
Electronic Signature of Signing Officer or Director Date