

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08685

FILED
Apr 07, 2009
Secretary of State

Entity Name: PANAMA CITY SQUARE AND ROUND DANCE ASSOCIATION, INC.

Current Principal Place of Business:

1105 BOB LITTLE RD
PANAMA CITY, FL 32401 US

New Principal Place of Business:

Current Mailing Address:

123 N. COVE TERRACE DR.
PANAMA CITY, FL 32401 US

New Mailing Address:

FEI Number: 59-2561927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEARNEY, BETTY
123 N. COVE TERRACE DR.
PANAMA CITY, FL 32401 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: D () Delete
Name: MCLENDON, JOSEPH
Address: 6323 OAK KINDOLL RD
City-St-Zip: PANAMA CITY, FL 32404

Title: D () Delete
Name: WESLEY, FORBES
Address: 4542 BAYWOOD DR
City-St-Zip: LYNN HAVEN, FL 32444

Title: D () Delete
Name: KEARNEY, BETTY
Address: 123 N COVE TERRACE DR
City-St-Zip: PANAMA CITY, FL 32401

Title: TD () Delete
Name: MCLENDON, PATRICIA H
Address: 6323 OAK KNOLL RD.
City-St-Zip: PANAMA CITY, FL 32404

Title: S () Delete
Name: RICHARDS, SHERRY
Address: 6302 OAK KNOLL ROAD
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MCLENDON, JOSEPH
Address: 6323 OAK KNOLL RD
City-St-Zip: PANAMA CITY, FL 32404

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: S (X) Change () Addition
Name: STURGIS, SANDRA
Address: 163 CANDLEWICK CIRCLE
City-St-Zip: PANAMA CITY, FL 32405

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: JOSEPH M. MCLENDON

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date