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FILED

Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19714 (7)

1. Corporation Name

EXCHANGE CLUB OF PANAMA CITY, INC.

Principal Place of Business

Mailing Address

P. O. BOX 2331
PANAMA CITY FL 32402P. O. BOX 2331
PANAMA CITY FL 32402-23313. Date Incorporated or Qualified
03/17/19873a. Date of Last Report
07/23/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAUVERSBUK, MICHAEL
303 MAGNOLIA AVENUE
PANAMA CITY FL 32401

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHARP, MIKE	
STREET ADDRESS	1310 CALABRIA ROAD	
CITY - ST - ZIP	PANAMA CITY FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

TITLE	P	<input type="checkbox"/> DELETE
NAME	MORRIS, LARRY	
STREET ADDRESS	2314 - 1/2 E. 13TH ST.	
CITY - ST - ZIP	PANAMA CITY FL	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

TITLE	S	<input type="checkbox"/> DELETE
NAME	JONES, NANCY L	
STREET ADDRESS	132 NORTH BAY DRIVE	
CITY - ST - ZIP	LYNN HAVEN FL	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, CHER ALLEN	
STREET ADDRESS	809 GARDEN CLUB DR	
CITY - ST - ZIP	PANAMA CITY FL	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	FANTASKI, JIM	
STREET ADDRESS	3164 WOOD VALLEY ROAD	
CITY - ST - ZIP	PANAMA CITY FL	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANNON, PEGGY	
STREET ADDRESS	3610 TOKEN ROAD	
CITY - ST - ZIP	PANAMA CITY FL	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 18, 1997

Date

904-763-0176

Daytime Phone #0008516

CR2E037 (9/96)