

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20600

FILED
Apr 22, 2008
Secretary of State

Entity Name: PANAMA CITY AREA SEMINOLE CLUB, INC.

Current Principal Place of Business:

FSU PANAMA CITY CAMPUS
4750 COLLEGIATE DR/OFFICE OF CAMPUS COMM
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

P O BOX 1013
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 59-3315916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORGQUIST, CAROL
4750 COLLEGIATE DR/OFFICE OF CAMPUS COMM.
4750 COLLEGIATE DRIVE
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

BORGQUIST, CAROL
321 S PALO ALTO AVE
PANAMA CITY, FL 32401 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:

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCARTHY, CURT
Address: 554 E 4TH ST
City-St-Zip: PANAMA CITY, FL 32401

Title: TD () Delete
Name: BORGQUIST, CAROL
Address: P O BOX 1782
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD () Delete
Name: CORTEZ, PATRICK
Address: 1335 GRACE AVE.
City-St-Zip: PANAMA CITY, FL 32401

Title: PE () Delete
Name: DAVIS, JIMMY
Address: 1206 W 2ND ST
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, JIMMY
Address: 1206 W 22ND STREET
City-St-Zip: PANAMA CITY, FL 32405

Title: TD (X) Change () Addition
Name: BORGQUIST, CAROL
Address: 321 S PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PE (X) Change () Addition
Name: HANKS, JANICE
Address: P O BOX 1326
City-St-Zip: LYNN HAVEN, FL 32444

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: CAROL A. BORGQUIST

TD

04/22/2008

Electronic Signature of Signing Officer or Director

Date