2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N20600

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
321 S PALO ALTO AVE
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: PD ( ) Delete
Name: DAVIS, JIMMY
Address: 1206 W 22ND STREET
City-St-Zip: PANAMA CITY, FL 32405

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: PE (X) Change ( ) Addition
Name: MILLER, DAVID
Address: 503 TAMMY STREET
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 04/21/2009

Electronic Signature of Signing Officer or Director — Date