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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N27317** **(9)**

1. Corporation Name

THE WOMAN'S CLUB OF PANAMA CITY, FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O HOUSE CHAIRMAN 350 COVE BLVD. PANAMA CITY FL 32401	C/O HOUSE CHAIRMAN 350 COVE BLVD. PANAMA CITY FL 32401-3775

3. Date Incorporated or Qualified: 07/08/1988
3a. Date of Last Report: 03/07/1996

2. Principal Place of Business
21 Woman's Club of P.C.
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 350 Cove Blvd.
Suite, Apt. #, etc. 27
City & State 28 Panama City, FL
Zip 29 32401 Country 30

4. FEI Number: 59-1202974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUMMERFOLD, NELLE
1410 AIRPORT RD
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name: Maxine Colmery (Mrs. John)
82 Street Address (P.O. Box Number is Not Acceptable): 316 Cherry Street, #36
83
84 City: Panama City **FL** 85 Zip Code: 32401

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 Maxine Colmery, Treasurer — Maxine Colmery, Treasurer — 1/23/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUMMERFORD, NELLE 140 AIRPORT ROAD PANAMA CITY FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P LOGUE, ALICE BAY POINT BOX 27366 PANAMA CITY BEACH, FL 32411	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OWEN, BETTY 231 S CLAIRE DR PANAMA CITY FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V SUTTON, SUSULLY 2205 W. 21st STREET PANAMA CITY, FL 32405	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COLMERY, MAXINE 316 CHERRY ST #36 PANAMA CITY FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S FULTON, AMI 3115 W. 30th COURT PANAMA CITY, FL 32405	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JORDAN, SHIRLEY 2813 WOODMERE DR PANAMA CITY FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T COLMERY, MAXINE 316 CHERRY ST., #36 PANAMA CITY, FL 32401	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VICKERS, IMOGENE 1032 BRITTON ROAD LYNN, HAVEN, FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HANEY, SARAH 3304 ROBINSON BAYOU CIR PANAMA CITY FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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: Maxine Colmery, Treasurer — Maxine Colmery, Treasurer — 1/23/97 — 904-785-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0009383