2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State
02-13-2001 90575 050 ****70.00

DOCUMENT # N27317

1. Entity Name

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

Principal Place of Business	Mailing Address
WOMAN'S CLUB OF P.C 350 COVE BLVD. PANAMA CITY FL 32401 US	350 COVE BLVD. PANAMA CITY FL 32401 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent

COCKRELL, JEAN
120 N COVE TERR DR
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name Helen Sowell
Street Address (P.O. Box Number is Not Acceptable)
3021 Kings Road
City PANAMA CITY **FL** Zip Code 32401

8. 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 Helen Sowell 2-1-2001
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JORDAN, SHIRLEY 2813 WOODMERE SR PANAMA CITY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P President Joan Parker 103 Harbour PT. Drive Lynn Haven, Fl 32444	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOWDITCH, LOLA BOX 8493 SOUTH PORT FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Nancy Richard V.Presid. 102 Harrison Place Panama City, Fla. 32405	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PRITCHARD, MARY 102 HARRISON PL PANAMA CITY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Sect. Gail Webb 600 N. Bay Drive Lynn Haven, Fl 32444	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COCKRELL, JEAN 120 N COVE TERR DR PANAMA CITY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Treasarer Helen Sowell Po.Box 4733 Panama City, Fl 32401	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOGUE, ALICE BAY POINTE BOX 27366 PANAMA CITY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Director Sara Haney 3304 Robinson Bayou Circle Panama City, Fla. 32405	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, LOIS 2230 EDGEWOOD DR PANAMA CITY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Director Shirley Jordan 2813 Woodmere Dr Panama City, Fl. 32405	☑ Change ☐ Addition

CR2E037 (10/00)

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Helen Sowell 2-1-2001 850 785-6594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #