2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 8:00 am
Secretary of State
01-27-2004 90003 003 ****61.25

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

01102004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

DAVIS, SANDRA
9225 LAKE FORREST DR
YOUNGSTOWN, FL 32466

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PRITCHARD, NANCY
STREET ADDRESS	102 HARRISON PLACE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	V
NAME	VAN BIBBER, NANCY
STREET ADDRESS	3713 MARINER DR
CITY-ST-ZIP	PANAMA CITY, FL 32408
TITLE	S
NAME	WOODYARD, BRENDA
STREET ADDRESS	P.O. BOX 2728,255 MARLIN CIR
CITY-ST-ZIP	PANAMA CITY, FL 32411
TITLE	T
NAME	DAVIS, SANDRA
STREET ADDRESS	9225 LAKE FORREST DR
CITY-ST-ZIP	~~MARIANNA~~, FL 32446 Youngstown
TITLE	D
NAME	LOGUE, ALICE
STREET ADDRESS	P.O. BOX 27366
CITY-ST-ZIP	PANAMA CITY, FL 32411
TITLE	D
NAME	JORDAN, SHIRLEY
STREET ADDRESS	2813 WOODMERE DR
CITY-ST-ZIP	PANAMA CITY, FL 32405

DO NOT WRITE IN THIS SPACE

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: Nancy Pritchard (NANCY PRITCHARD) 1-15-04 850-785-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #