

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90178 008 ****61.25

DOCUMENT # N27317			
1. Entity Name THE WOMAN'S CLUB OF PANAMA CITY, FLORIDA, INC.			
Principal Place of Business WOMAN'S CLUB OF P.C 350 COVE BLVD. PANAMA CITY FL 32401 US		Mailing Address 350 COVE BLVD. PANAMA CITY FL 32401 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

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		7. Name and Address of New Registered Agent Name: Merle G. Clemo Street Address (P.O. Box Number is Not Acceptable) 2113 W 27th Street City: Panama City Fla FL Zip Code: 32405	
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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: Merle G. Clemo DATE: 3-3-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRITCHARD, NANCY 102 HARRISON PLACE PANAMA CITY FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Adelaide Ware 1250 W. Beach Drive Panama City, Fla 32401 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VAN BIBBER, NANCY 3713 MARINER DR PANAMA CITY FL 32408 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Elect Rita Acoba 2901 Kingswood Dr Panama City, Fla 32405 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOODYARD, BRENDA P.O. BOX 2728, 255 MARLIN CIR PANAMA CITY FL 32411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Brenda Woodyard Virginia Singletary 461 Huntingdon Rd Panama City, Fla 32405 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, SANDRA 91225 LAKE FORREST DR. YOUNGSTOWN FL 32446 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Merle Clemo 2113 W 27th Street Panama City, Fla 32405 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGUE, ALICE P.O. BOX 27366 PANAMA CITY FL 32411 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 1st Dianne Hodges 406 Harvard Blvd Lynn Haven, Fla 32444 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, SHIRLEY 2813 WOODMERE DR PANAMA CITY FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 2nd Brenda Woodyard 255 Marlin Circle Panama City, Fla 32401 ☐ Change ☒ Addition

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: Merle Clemo DATE: 3-3-05 DAYTIME PHONE #: 850-784-0783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

D
Nancy Pritchard
102 Harrison Pl
Panama City, Fla 32405

ATTACHMENT
40028743
N 27317

D
Lois Lawrence
2730 Edgewood Dr
Panama City, Fla 32405

D
Joan Parker
103 Harbour Pt. Dr.
Lynn Haven, Fla 32444

D
Dot Wallace
1311 Cincinnati Ave
Panama City, Fla 32401