

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2003 8:00 am
Secretary of State

08-19-2003 90021 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

4. FEI Number **59-1202974**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SOWELL, HELEN
3021 KINGS ROAD
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent

Name **SANDRA DAVIS**
Street Address (P.O. Box Number is Not Acceptable)
9225 LAKE FORREST DR
City **YOUNGSTOWN** FL Zip Code **32466**

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

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
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, JOAN 105 HARBOUR PT- DRIVE LYNN HAVEN FL 32444	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRICHARD, NANCY 102 HARRISON PLACE PANAMA CITY FL 32405	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEBB, GAIL 600 N. BAY DRIVE LYNN HAVEN FL 32444	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOWELL, HELEN P.O. BOX 4733 PANAMA CITY FL 32401	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HANEY, SARA 3304 ROBINSON BAYOU CIRCLE PANAMA CITY FL 32405	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, SHIRLEY 2813 WOODMERE DR PANAMA CITY FL 32405	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NANCY PRITCHARD 102 HARRISON PLACE PANAMA CITY FL 32405	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NANCY VAN BIBBER 3713 MARINER DR PANAMA CITY BEACH FL 32408	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRENDA WOODYARD P.O. BOX 2728, 255 MARLIN CIR. PANAMA CITY BEACH FL 32411	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDRA DAVIS 3225 LAKE FORREST DR. YOUNGSTOWN FL 32466	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALICE LOGHE POBOX 27366 PANAMA CITY BEACH FL 32411	☒ 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: **SANDRA DAVIS** **PRITCHARD, Nancy** 7-7-03 850-785-1494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/03)