

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N36185** (9)
1. Corporation Name
KIWANIS CLUB OF PANAMA CITY, NORTHSIDE, INC.



Principal Place of Business Mailing Address
C/O CHARLES S. ISLER III
434 MAGNOLIA AVENUE
PANAMA CITY FL 32401-3127

3. Date Incorporated or Qualified **01/16/1990** 3a. Date of Last Report **04/07/1995**
4. FEI Number **59-3001476** 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

HAMBURG, FRED
1012 AMHERST ROAD
PANAMA CITY FL 32405

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE PD ☒ DELETE
NAME VALLE, PATRICIA
STREET ADDRESS 921 CHERRY ST.
CITY-ST-ZIP PANAMA CITY BEACH FL
TITLE VPD ☒ DELETE
NAME WHITE, MALISSA
STREET ADDRESS 2121 HARRISON Q1
CITY-ST-ZIP PANAMA CITY FL
TITLE VPD ☒ DELETE
NAME PETTIS, JIM
STREET ADDRESS P.O. BOX 15665 N/A
CITY-ST-ZIP PANAMA CITY FL
TITLE SD ☐ DELETE
NAME PATE, CHARLIE
STREET ADDRESS 437 STEEPLECHASE DRIVE
CITY-ST-ZIP PANAMA CITY FL 32404
TITLE TD ☐ DELETE
NAME HAMBURG, FRED
STREET ADDRESS 1012 AMHERST RAD
CITY-ST-ZIP PANAMA CITY FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Jim Pettis
1.3 STREET ADDRESS 4604 Highway 77
1.4 CITY-ST-ZIP Chipley FL 32428
2.1 TITLE VPD ☒ Change ☐ Addition
2.2 NAME Malissa Fariss
2.3 STREET ADDRESS 2121 Harrison Ave. Q-1
2.4 CITY-ST-ZIP Panama City FL 32405
3.1 TITLE VPD ☒ Change ☐ Addition
3.2 NAME Audrey Anderson
3.3 STREET ADDRESS 2418 Laurie Ave L-1
3.4 CITY-ST-ZIP Panama City Bch FL 32408
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Fred Hamburg *Fred Hamburg*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/96

Date

904-235-6000

Daytime Phone

CR2E037 (12/95)