

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36185** (9)

1. Corporation Name

**KIWANIS CLUB OF PANAMA CITY, NORTHSIDE, INC.**



Principal Place of Business <b>C/O CHARLES S. ISLER III 434 MAGNOLIA AVENUE PANAMA CITY FL 32401-3127</b>	Mailing Address <b>C/O CHARLES S. ISLER III 434 MAGNOLIA AVENUE PANAMA CITY FL 32401-3127</b>
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3. Date Incorporated or Qualified <b>01/16/1990</b>	3a. Date of Last Report <b>04/05/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-3001476</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMBURG, FRED  
1012 AMHERST ROAD  
PANAMA CITY FL 32405**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PETTIS, JIM</b>		1.2 NAME <b>Malissa Farris</b>	
STREET ADDRESS <b>4804 HWY 77</b>		1.3 STREET ADDRESS <b>1303 Massachusetts Ave</b>	
CITY-ST-ZIP <b>CHIPLEY FL</b>	<i>President</i>	1.4 CITY-ST-ZIP <b>Lynn Haven FL 32444</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>William Boone</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FARISS, MALISSA</b>		2.2 NAME <b>7435 Morganville Rd</b>	
STREET ADDRESS <b>2121 HARRISON AVE Q-1</b>	<i>Vice President</i>	2.3 STREET ADDRESS <b>Youngstown FL 32466</b>	
CITY-ST-ZIP <b>PANAMA CITY FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Greg French</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANDERSON, AUDREY</b>		3.2 NAME <b>1706 Montana Ave</b>	
STREET ADDRESS <b>2418 LAURIE AVE L-1</b>	<i>1st Vice President</i>	3.3 STREET ADDRESS <b>Lynn Haven FL 32444</b>	
CITY-ST-ZIP <b>PANAMA CITY BCH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PATE, CHARLIE</b>		4.2 NAME	
STREET ADDRESS <b>437 STEEPLECHASE DRIVE</b>	<i>Secretary</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PANAMA CITY FL 32404</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAMBURG, FRED</b>		5.2 NAME	
STREET ADDRESS <b>1012 AMHERST RAD</b>	<i>Treasurer</i>	5.3 STREET ADDRESS	
CITY-ST-ZIP <b>PANAMA CITY FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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*

2/19/97

904/1235/6000

CR2E037 (9/96)