FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 19 AM 6:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38368** **(9)**

1. Corporation Name
THE EAST BAY CIVIC CLUB, INC.

Principal Place of Business	Mailing Address
TAYLOR HILDA 1744 MALLARD DR PANAMA CITY FL 32404 US	TAYLOR HILDA L 1744 MALLARD DR PANAMA CITY FL 32404 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/29/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2974088 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
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 DUANE PRESZLER	26 DUANE PRESZLER
Suite, Apt. #, etc. 22 12510 Hamilton Rd.	Suite, Apt. #, etc. 27 12510 Hamilton Rd.
City & State 23 Panama City, Florida	City & State 28 Panama City, Florida
Zip / Country 24 32404 / 25 US	Zip / Country 29 32404 / 30 U.S.

9. Name and Address of Current Registered Agent

SEWELL JOYCE
1104B HWY 2297
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name: Sandra K. Preszler
82 Street Address (P.O. Box Number is Not Acceptable): 12510 Hamilton Rd.
83
84 City: Panama City **FL** 85 Zip Code: 32404

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Sandra K. Preszler — Sandra K. Preszler — 4-7-95
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	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	TAYLOR, HILDA L	12 NAME	DUANE PRESZLER	
STREET ADDRESS	1744 MALLARD DR	13 STREET ADDRESS	12510 HAMILTON RD.	
CITY-ST-ZIP	PANAMA CITY FL 32404	14 CITY-ST-ZIP	PANAMA CITY, FL. 32404	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	SEWELL, JOSEPH H	22 NAME	HILDA L. TAYLOR	
STREET ADDRESS	1104-B HWY., #2297	23 STREET ADDRESS	1744 MALLARD DR.	
CITY-ST-ZIP	PANAMA CITY FL	24 CITY-ST-ZIP	PANAMA CITY, FL. 32404	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	DEAN, FRAN	32 NAME	000001461020	
STREET ADDRESS	5816 HWY 2297	33 STREET ADDRESS	-04/20/95--01033--020	
CITY-ST-ZIP	PANAMA CITY FL	34 CITY-ST-ZIP	*****61.25 *****61.25	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	SEWELL, JOYCE	42 NAME	SANDRA K. PRESZLER	
STREET ADDRESS	1104 B HWY 2297	43 STREET ADDRESS	12510 HAMILTON RD.	
CITY-ST-ZIP	PANAMA CITY FL 32404	44 CITY-ST-ZIP	PANAMA CITY, FL. 32404	
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	RYALS, LUCILE	52 NAME	T&D 4/19/95	
STREET ADDRESS	BOX 3313 N/A	53 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL	54 CITY-ST-ZIP		
TITLE	SD	61 TITLE	SD	☒ Change ☐ Addition
NAME	ALLEN, MINNIE	62 NAME	JENNIE MERRITT	
STREET ADDRESS	13926 ALLENTON RD	63 STREET ADDRESS	1730 POSTON DRIVE	
CITY-ST-ZIP	PANAMA CITY FL	64 CITY-ST-ZIP	PANAMA CITY, FL. 32404	

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)(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: Duane Preszler — DUANE PRESZLER — 7 APR 95 — (904) 266-3304
SIGNATURE AND TYPED OR PRINTED NAME OF MANNING OFFICER OR DIRECTOR — Date — Daytime Phone #