## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCU	MENT # N38368	3 (9)			
THE EAST BAY CIVIC CLUB, INC.					
Principal Place	e of Business	Mailing Address			1841 81811 81811 81811 81811 81811 1881
DUANE PRES	ZLER	Duane Preszler			
12510 HAMILTON RD. PANAMA CITY FL 32404		12510 HAMILTON RD.			
US	1 FL 32904	PANAMA CITY FL 32404 US	•		3a. Date of Last Report
9 Principal Pl	ace of Business	2a. Mailing Address		05/29/1990 4. FEI Number	ONTIOPIOOS
21	ace of business	26. Mailing Address		59-2974088	Applied For  Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	Trust Fund Contribution  8. This corporation has liability for intangent	Added to Fees
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	es No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Regist	ered Agent
			81 Name	3	:
PRESZLER, SANDRA			82 Stree	t Address (P.O. Box Number is Not Acceptable)	
1250 HAMILTON RD.			83		
PANAMA	CITY FL 32404		63		
			84 City		FI 85 Zip Code
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose	of changing its registered office
or register	red agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authorize	ed by the corporation'	s board of directors. Thereby accept the appointment	ent as registered agent. I am
SIGNATURE	,				
	Signature, typed or printed name of registered agent a		TE: Registered Agent signature		DATE
12.	OFFICERS AND	DIRECTORS	13. 1.1 TVILE	ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTORS IN 12  [] Change 🔀 Addition
NAME	TAYLOR, HILDA L	<u> </u>	1.2 NAME		Change Madulion
STREET ADDRESS	1744 MALLARD DR		1.3 STREET ADDRESS	MERRITT JERRY 1730 Poston DRIVE	
CITY-ST-ZIP	PANAMA CITY FL 32404		1.4 CHTY-ST-ZIP	PANAMA City, FL. 32464	
TITLE	PD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PRESZLER, DUANE		2.2 NAME		
STREET ADDRESS	12510 HAMILTON RD.		2.3 STREET ADDRESS	5	
CITY-ST-ZIP TITLE	PANAMA CITY FL 32404	□ DELETE	2. 4 CITY - ST - ZIP		Chance C Addition
NAME	VD DEAN EDAN		3.1 TITLE 3.2 NAME		Change C Addition
STREET ADDRESS	DEAN, FRAN 5816 HWY 2297		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL		3.4 CITY-ST-ZIP		
TITLE	TD	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PRESLER, SANDRA K		4. 2 NAME		
STREET ADDRESS	12510 HAMILTON RD.		4.3 STREET ADDRESS		
CITY - ST - ZIP	PANAMA CITY FL 32404		4.4 CITY-ST-ZIP		
TITLE	SD	DELETE	5.1 TITLE		Change Addition
NAME STREET ADDRESS	RYALS, LUCILE		5.2 NAME		
STREET ADDRESS CITY - ST - ZIP	BOX 3313 N/A PANAMA CITY FL		5.3 STREET ADDRESS		
TITLE	SD SD	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME	Merritt, Jennie	_	6.2 NAME		_ ,
STREET ADDRESS	1730 POSTON DRIVE		6 3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32404		6.4 CITY-ST-ZIP		
certify that	t the information indicated on this annua	al report or supplemental annu	ual report is true and a	ualify for the exemption stated in Section 119.07(3); accurate and that my signature shall have the same	llegal effect as if made under
oath; that	I am an officer or director of the corpora Block 12 or Block 13 if changed, or or	ation or the receiver or trustee	empowered to execu	the this report as required by Chapter 617, Florida	Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED CONTRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1 April 1996 904-871-6582 Daylime Phone #