2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N44103

Entity Name: ROTARY CLUB OF PANAMA CITY-NORTHSIDE, INC.

Current Principal Place of Business:

P.O. BOX 16544
PANAMA CITY, FL 32406

New Principal Place of Business:

186 DERBY WOODS DRIVE
LYNN HAVEN, FL 32444

Current Mailing Address:

P.O. BOX 16544
PANAMA CITY, FL 32406

New Mailing Address:

FEI Number: 59-3066337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THOMAS, TWIGG
186 DERBY WOODS DR.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	TINNEY, JOHN	
Address:	3 SEWANEE CIRCLE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	D	( ) Delete
Name:	CARROLL, SHIRLEY	
Address:	1009 W 19TH CT	
City-St-Zip:	LYNN HAVEN, FL 32444 US	
Title:	D	( ) Delete
Name:	TWIGG, THOMAS	
Address:	186 DERBY WOODS DR	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	ST	( ) Delete
Name:	TERRY, MARIAN	
Address:	5242 MELISSA DRIVE	
City-St-Zip:	PANAMA CITY, FL 32402	
Title:	D	( ) Delete
Name:	GULKIS, NORM	
Address:	PO BOX 16544	
City-St-Zip:	PANAMA CITY, FL 32406	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS TWIGG D 05/01/2007
Electronic Signature of Signing Officer or Director — Date