

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44103

FILED  
Aug 07, 2009  
Secretary of State

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

**Current Principal Place of Business:**

186 DERBY WOODS DRIVE  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

1217 JENKS AVE  
PANAMA CITY, FL 32401

**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:**

CARROLL, SHIRLEY  
3144 MEADOW ST  
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: CARROLL, SHIRLEY  
Address: 3144 MEADOW ST  
City-St-Zip: LYNN HAVEN, FL 32444

Title: D      ( ) Delete  
Name: AMES, KATHY  
Address: 1316 MASS AVE  
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: S      ( ) Delete  
Name: DUNCAN, KATHLEEN  
Address: 201 19TH ST  
City-St-Zip: PANAMA CITY, FL 32405

Title: T      (X) Delete  
Name: HALL, REBECCA  
Address: 3907 ERENO CT  
City-St-Zip: PANAMA CITY, FL 32405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: CAMPBELL, TIMOTHY  
Address: P O BOX 8051  
City-St-Zip: SOUTHPORT, FL 32409

Title: T      (X) Change ( ) Addition  
Name: FOSTER, STEVE  
Address: 1217 JENKS AVE  
City-St-Zip: PANAMA CITY, FL 32401 US

Title: S      (X) Change ( ) Addition  
Name: MILLER, AMBER  
Address: P.O. BOX 16544  
City-St-Zip: PANAMA CITY, FL 32406

Title: D      (X) Change ( ) Addition  
Name: KIDWELL, PAM  
Address: P.O. BOX 16544  
City-St-Zip: PANAMA CITY, FL 32406

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: TIMOTHY CAMPBELL

P

08/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date