

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45088 (4)

1. Corporation Name

PANAMA CITY JUNIOR CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

% TIMOTHY C. CAMPBELL
222 E. FOURTH STREET
PANAMA CITY FL 32401

% TIMOTHY C. CAMPBELL
222 E. FOURTH STREET
PANAMA CITY FL 32401

APPROVED
AND
FILED

96 JUN 26 AM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
09/10/1991

3a. Date of Last Report
10/05/1995

4. FEI Number
59-1034531

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CAMPBELL, TIMOTHY C.
222 E. FOURTH STREET
PANAMA CITY FL 32401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

500001885515
-07/05/96-01084-008
*****51.FL 45 *****61.25

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 transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME WINDHAM, RANDY
STREET ADDRESS 6706 LETOHATCHEE ST.
CITY-ST-ZIP PANAMA CITY FL

TITLE T ☐ DELETE
NAME SASSER, DEBBIE
STREET ADDRESS 707 SHEFFIELD AVE.
CITY-ST-ZIP PANAMA CITY FL

TITLE VP ☒ DELETE
NAME MORRIS, JONI
STREET ADDRESS 6321 BEACH DR.
CITY-ST-ZIP PANAMA CITY BCH. FL

TITLE PD ☒ DELETE
NAME WHITTINGTON, ANTHONY B
STREET ADDRESS 7241 SALE BLVD.
CITY-ST-ZIP PANAMA CITY FL 32409

TITLE VPD ☐ DELETE
NAME ACOBA, LORNA
STREET ADDRESS 2901 KINGSWOOD DRIVE
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Mark A. Chambers
1.3 STREET ADDRESS 1018 Beek Ave
1.4 CITY-ST-ZIP Panama City FL 32401

2.1 TITLE Treasurer ☐ Change ☒ Addition
2.2 NAME Sasser, Debbie
2.3 STREET ADDRESS 707 Sheffield Ave
2.4 CITY-ST-ZIP Panama City FL 32401

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME Lorna Acoba
3.3 STREET ADDRESS 2901 Kingswood Dr.
3.4 CITY-ST-ZIP Panama City FL 32405

4.1 TITLE VP ☐ Change ☒ Addition
4.2 NAME Debbie Gohris
4.3 STREET ADDRESS 227 E 1st St
4.4 CITY-ST-ZIP Panama City FL 32401

5.1 TITLE State Director ☐ Change ☒ Addition
5.2 NAME Karen Williams
5.3 STREET ADDRESS 1025 W 19th St #200
5.4 CITY-ST-ZIP Panama City FL 32405

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-31-96

904-872-4595

Date

Daytime Phone

CR2E037 (12/95)