

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N45088

**FILED**  
**Feb 13, 2008**  
**Secretary of State**

**Entity Name:** PANAMA CITY JUNIOR CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

434 ELM WAY  
PANAMA CITY, FL 32404 US

**New Principal Place of Business:**

127 PARKER VILLAGE CIRCLE  
PANAMA CITY, FL 32404 US

**Current Mailing Address:**

434 ELM WAY  
PANAMA CITY, FL 32404 US

**New Mailing Address:**

127 PARKER VILLAGE CIRCLE  
PANAMA CITY, FL 32404 US

**FEI Number:** 59-1034531 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**  
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:**

ALLEN, LESLIE J MS  
434 ELM WAY  
PANAMA CITY, FL 32404 US

**Name and Address of New Registered Agent:**

LACOUNT, TRICIA S MS  
127 PARKER VILLAGE CIRCLE  
PANAMA CITY, FL 32404 US

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: TRICIA S. LACOUNT

02/13/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: KING, TERESA MS  
Address: 3113 DEBRA BLVD  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: V ( ) Delete  
Name: PARKER, NIKI D MRS  
Address: 3903 TORINO WAY  
City-St-Zip: PANAMA CITY, FL 32405 US

Title: P ( ) Delete  
Name: ALLEN, LESLIE J MS  
Address: 434 ELM WAY  
City-St-Zip: PANAMA CITY, FL 32404 US

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

Title: T (X) Change ( ) Addition  
Name: MCCROAN, TIFFANY MRS  
Address: 2315 EAST 16TH STREET  
City-St-Zip: CEDAR GROVE, FL 32405 US

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

Title: P (X) Change ( ) Addition  
Name: LACOUNT, TRICIA S MS  
Address: 127 PARKER VILLAGE CIRCLE  
City-St-Zip: PANAMA CITY, FL 32404 US

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: TRICIA S. LACOUNT

P

02/13/2008

Electronic Signature of Signing Officer or Director

Date