2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2009
Secretary of State

DOCUMENT# N97000003822

Entity Name: PANAMA CITY POPS ORCHESTRA, INC.

Current Principal Place of Business:

1914 FRANKFORD AVENUE 502
PANAMA CITY, FL 32405

New Principal Place of Business:

1038 JENKS AVENUE
PANAMA CITY, FL 32401

Current Mailing Address:

POST OFFICE BOX 744
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 59-3452844 **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:

DAVID, REBECCA
416 SHADE STREET
PANAMA CITY, FL 32404 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:	WILLIAMS, VICTORIA	
Address:	1730 WAHOO CIRCLE	
City-St-Zip:	PANAMA CITY BEACH, FL 32411	
Title:	VP	( ) Delete
Name:	MITCHELL, MICHAEL	
Address:	7117 LAGOON DRIVE	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
Title:	T	( ) Delete
Name:	WATTS, THOMAS M II	
Address:	1914 FRANKFORD AVENUE 502	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	D	( ) Delete
Name:	BRUCE, WILLIAM G MD	
Address:	508 BUNKERS COVE RD	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	TALKINGTON, WADE	
Address:	1914 W BEACH DRIVE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	GRIFFIN, KIM	
Address:	400 S MACARTHUR AVENUE	
City-St-Zip:	PANAMA CITY, FL 32401	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	MITCHELL, LAURA	
Address:	7177 LAGOON DRIVE	
City-St-Zip:	PANAMA CITY BEACH, FL 32408	
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: VICTORIA WILLIAMS P 05/07/2009

Electronic Signature of Signing Officer or Director — Date