

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90251 008 ****61.25

DOCUMENT # N98000003771

1. Entity Name
HOT WHEELS CAR CLUB OF PANAMA CITY, INC.



Principal Place of Business
**316 MERCEDES AVE
PANAMA CITY, FL 32401**

Mailing Address
**316 MERCEDES AVE
PANAMA CITY, FL 32401**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3528284

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIDD, PHYLLIS
316 MERCEDES AVE
PANAMA CITY, FL 32401**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Delete
NAME	MCKAY, WAYNE	
STREET ADDRESS	121 PELICAN WAY	
CITY - ST - ZIP	PANAMA CITY, FL 32408	
TITLE	T/D	<input checked="" type="checkbox"/> Delete
NAME	HOFFMAN, SHERRY	
STREET ADDRESS	306 CLAIRE DRIVE	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE	S/D	<input checked="" type="checkbox"/> Delete
NAME	KIDD, PHYLLIS	
STREET ADDRESS	316 MERCEDES AVE	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	MERRIT, STEVE	
STREET ADDRESS	PO BOX 805	
CITY - ST - ZIP	LYNN HAVEN, FL 32444	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, STEVE	
STREET ADDRESS	P.O. BOX 805	
CITY - ST - ZIP	LYNN HAVEN, FL 32444	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHYLLIS L. KIDD	
STREET ADDRESS	316 MERCEDES AVE.	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNELL, STEVEN	
STREET ADDRESS	3806 TRANSMITTER RD.	
CITY - ST - ZIP	PANAMA CITY, FL 32404	
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLOMY, GARY	
STREET ADDRESS	321 MERCEDES AVE	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Phyllis L. Kidd Phyllis L. Kidd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07
Date

(850) 763-1355
Daytime Phone #