

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712943

Entity Name: WOMEN'S CIVIC CLUB OF PANAMA CITY BEACH, FLORIDA
INC.**FILED**
Mar 10, 2020
Secretary of State
7032173068CC**Current Principal Place of Business:**8017 N. LAGOON DR.
PANAMA CITY BEACH, FL 32408**Current Mailing Address:**P O BOX 9759
PANAMA CITY BEACH, FL 32417 US**FEI Number: 59-3671791****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**VIDER, KAY
8017 N LAGOON DRIVE
PANAMA CITY, FL 32408 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	LEISTNER, CHERI
Address	3501 DRAGON'S RIDGE ROAD
City-State-Zip:	PANAMA CITY BEACH FL 32408

Title	VP
Name	CLAFFEY, GAIL
Address	530 CAMELIA STREET UNIT 901
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	PRESIDENT
Name	STOVALL, NANCY
Address	11800 FRONT BEACH ROAD #2-1502
City-State-Zip:	PANAMA CITY BEACH FL 32407

Title	TREASURER
Name	JILES, SUE
Address	2400 GRANDIFLORA BLVD #E1009
City-State-Zip:	PANAMA CITY BEACH FL 32408

I hereby 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 all other like empowered.

SIGNATURE: S. SUE JILES**TREASURER****03/10/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date