

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27317

**Entity Name:** GFWC WOMAN'S CLUB OF PANAMA CITY, FLORIDA,  
INCORPORATED**FILED**  
**Feb 25, 2013**  
**Secretary of State**  
**CC5819838454****Current Principal Place of Business:**THE GFWC WOMAN'S CLUB OF PANAMA CITY, FL  
350 COVE BLVD.  
PANAMA CITY, FL 32401**Current Mailing Address:**THE GFWC WOMAN'S CLUB OF PANAMA CITY, FL  
350 COVE BLVD.  
PANAMA CITY, FL 32401 US**FEI Number: 59-1202974****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COOPER, NORMANDY M  
7812 ARBOR LANE  
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: NORMANDY M. COOPER****02/25/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRES  
**Name** GAINER, JAN  
**Address** 720 WEST BEACH DRIVE  
**City-State-Zip:** PANAMA CITY FL 32401**Title** V.P.  
**Name** WILSON, GERRY S  
**Address** 2915 ISLAND VIEW CIRCLE  
**City-State-Zip:** PANAMA CITY FL 32405**Title** SEC  
**Name** SMITH, LINDA  
**Address** 107 SANDLEWOOD LANE  
**City-State-Zip:** PANAMA CITY BEACH FL 32413**Title** TREA  
**Name** COOPER, NORMANDY M  
**Address** 7812 ARBOR LANE  
**City-State-Zip:** PANAMA CITY FL 32404**Title** DIRECTOR  
**Name** GEIL-BEEM, PEGGY  
**Address** 2714 RUTGERS DRIVE  
**City-State-Zip:** PANAMA CITY FL 32405**Title** OTHER  
**Name** TYREE, ANN  
**Address** 905 BRANDEIS AVE  
**City-State-Zip:** PANAMA CITY FL 32405**Title** DIRECTOR  
**Name** WARE, ADELAIDE  
**Address** 1250 WEST BEACH DRVIE  
**City-State-Zip:** PANAMA CITY FL 32401**Title** DIRECTOR  
**Name** JOHNSON, MERLE  
**Address** 653 W. 23RD STREET  
**City-State-Zip:** PANAMA CITY FL 32405**Continues on page 2**

*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: NORMANDY M. COOPER****TREASURER****02/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

|                 |                          |
|-----------------|--------------------------|
| Title           | CORRESPONDING SECRETARY  |
| Name            | VANCE, KATHLEEN          |
| Address         | 300 CHERRY STREET APT #2 |
| City-State-Zip: | PANAMA CITY FL 32401     |