FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:26

DOCUMENT # 711813 (6)

1. Corporation Name
THE PANAMA CANAL SOCIETY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8050 SEMINOLE MALL STE #334 SEMINOLE FL 34642	8050 SEMINOLE MALL STE #334 SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/17/1966
3a. Date of Last Report: 04/06/1994
4. FEI Number: 59-6138491 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) 34642-4712 / Country (30)

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREEN, BARBARA A 8050 SEMINOLE MALL STE 334 5180 88TH AVE. N. PINELLAS PARK FL ~~34642-4712~~ 34666-5307	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34666-5307

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DE	1.1 TITLE	D/E	☒ Change ☐ Addition
NAME	BEALL, RICHARD W	1.2 NAME	BEALL, RICHARD W	Correction add.
STREET ADDRESS	~~1978 RADCLIFFE RD W~~	1.3 STREET ADDRESS	1978 Radcliffe Dr N	
CITY-ST-ZIP	~~CLEARWATER FL 34623-4431~~	1.4 CITY-ST-ZIP	Clearwater, Fl 34623-4431	
TITLE	PPD	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	~~VANSICKLEN, ROBERT~~	2.2 NAME	JOHNSON, ROBERT	
STREET ADDRESS	~~9810 LAKE SEMINOLE DR. W.~~	2.3 STREET ADDRESS	280 Eric Court	
CITY-ST-ZIP	~~SEMINOLE FL 34648~~	2.4 CITY-ST-ZIP	Oldsmar, Fl 34677	
TITLE	PD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	~~HULDTQUIST, RUTH P~~	3.2 NAME	O'DONNELL, JAMES	
STREET ADDRESS	~~9000 PARK BLVD. #205~~	3.3 STREET ADDRESS	405, 10th Ave. N.E.	
CITY-ST-ZIP	~~SEMINOLE FL 34647~~	3.4 CITY-ST-ZIP	St. Petersburg, Fl 33701	
TITLE	VD	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	FOSTER, MARJORIE J	4.2 NAME	FOSTER, MARJORIE J	title
STREET ADDRESS	2389 CITRUS HILL RD.	4.3 STREET ADDRESS	2389 Citrus Hill Rd	
CITY-ST-ZIP	PALM HARBOR FL 34683	4.4 CITY-ST-ZIP	Palm Harbor, Fl 34683	
TITLE	STD	5.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, BARBARA A	5.2 NAME		
STREET ADDRESS	5180 88TH AVE. N.	5.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL 34666	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	JORDAN, MARGOT	6.2 NAME		
STREET ADDRESS	10409 LAKE BYRD DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618-1203	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marjorie J. Foster — Marjorie J. Foster, President — 3/10/95 — (813)-391-4359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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