FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jan 27 1998 8:00am
Secretary of State

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~~ 33772-4712	8050 SEMINOLE MALL STE #334 SEMINOLE FL ~~34642-4712~~ 33772-4712 US

3. Date Incorporated or Qualified: 11/17/1966

4. FEI Number: 59-6138491 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREEN, BARBARA A
8050 SEMINOLE MALL STE 334
5180 88TH AVE. N.
PINELLAS PARK FL 33782

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BEALL, RICHARD W		1.2 NAME		
STREET ADDRESS	1978 RADCLIFFE DR N		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUMMER JR, CHARLES W		2.2 NAME		
STREET ADDRESS	649 SWEETWATER WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	O'DONNELL, JAMES		3.2 NAME		
STREET ADDRESS	405, 10TH AVE., N.E.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	PETERSON, THOMAS		4.2 NAME		
STREET ADDRESS	6534 SAMOA DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	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		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME	JORDAN, MARGOT		6.2 NAME		
STREET ADDRESS	16409 LAKE BYRD DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618-1203		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Barbara A. Green 1-12-98 (813)-391-4359
BARBARA A. GREEN SECRETARY/TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # (optional)