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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 711813

1. Corporation Name

THE PANAMA CANAL SOCIETY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
8050 SEMINOLE MALL STE #334 SEMINOLE FL 33772-4712 US	8050 SEMINOLE MALL STE #334 SEMINOLE FL 33772-4712 US

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

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

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

5. Certifcate of Status Desired XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DE	☐ DELETE	2.1 TITLE	1st VICE PRESIDENT	☐ Change XX Addition
NAME	BEALL, RICHARD W		2.2 NAME	BRUNDAGE, FAITH A	
STREET ADDRESS	1978 RADCLIFFE DR N		2.3 STREET ADDRESS	671 MT. MADISON AVE N E	
CITY-ST-ZIP	CLEARWATER FL		2.4 CITY-ST-ZIP	ST PETERSBURG, FL 33702	
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HUMMER JR, CHARLES W		3.2 NAME		
STREET ADDRESS	649 SWEETWATER WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	HAINES CITY FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'DONNELL, JAMES		4.2 NAME	PRESIDENT	XX Change ☐ Addition
STREET ADDRESS	405, 10TH AVE., N.E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PETERSON, THOMAS		5.2 NAME		
STREET ADDRESS	6534 SAMOA DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		5.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	6.1 TITLE	DIRECTOR	☐ Change XX Addition
NAME	GREEN, BARBARA A		6.2 NAME	NEHRING, STEPHEN J	
STREET ADDRESS	5180 88TH AVE. N.		6.3 STREET ADDRESS	3152 34th AVE N	
CITY-ST-ZIP	PINELLAS PARK FL		6.4 CITY-ST-ZIP	ST PETERSBURG, FL 33713	
TITLE	D	XX DELETE			
NAME	JORDAN, MARGOT				
STREET ADDRESS	16409 LAKE BYRD DR.				
CITY-ST-ZIP	TAMPA FL 33618-1203				

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Barbara A. Green SIGNATURE REQUIRED 1/11/99 727-391-4359
Barbara A. Green, Secretary/Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #