

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711813

**Entity Name:** PANAMA CANAL SOCIETY, INC.

**Current Principal Place of Business:**

7985 113TH STREET  
SUITE 334  
SEMINOLE, FL 33772

**Current Mailing Address:**

7985 113TH STREET  
SUITE 334  
SEMINOLE, FL 33772 US

**FEI Number:** 59-6138491

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

VAN SICLEN, NANCY A  
7985 113TH STREET- SUITE 334  
9816 LAKE SEMIINOLE DRIVE W.  
SEMINOLE, FL 33772 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 1VP  
Name COFFEY, MICHAEL D  
Address 18623 GERACI RD  
City-State-Zip: LUTZ FL 33548

Title 2VP  
Name AVERY, SHIRLEY  
Address 5030 W LONGFELLOW AVE  
City-State-Zip: TAMPA FL 33629

Title P  
Name WILDER, THOMAS  
Address 5198 SE 25TH ST  
City-State-Zip: OCALA FL 34471

Title SD  
Name VAN SICLEN, NANCY A  
Address 9816 LAKE SEMINOLE DR. W.  
City-State-Zip: SEMINOLE FL 33772

Title D  
Name HANSON, NOREEN  
Address 9821 BLUE SAGE RD  
City-State-Zip: TAMPA FL 33612

Title D  
Name MCLAUGHLIN, WILLIAM P  
Address 9090 S WATERVIEW DR  
City-State-Zip: FLORAL CITY FL 34436

*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:** NANCY VAN SICLEN

**OFFICE  
MANAGER/DIRECTOR**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date