

711813

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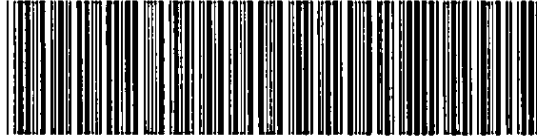
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OFFICE OF CORPORATIONS
2022 AUG 11 AM 8:38

J DENNIS
NOV 29 2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: PANAMA CANAL SOCIETY, INC

DOCUMENT NUMBER: 711813

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHRYNE (KATHY) MALIN
(Name of Contact Person)

PANAMA CANAL SOCIETY, INC.
(Firm/ Company)

15131 OGDEN LOOP
(Address)

ODESSA, FL 33556
(City/ State and Zip Code)

office@pancanalsociety.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHY MALIN at 813-949-6699
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

PANAMA CANAL SOCIETY, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

711813

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

KATHRYNE MALIN *

15131 OGDEN LOOP

(Florida street address)

New Registered Office Address:

ODESSA

(City)

Florida

33556

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Kathryn Malin

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

| | | |
|--|-----------|--------------------|
| <input checked="" type="checkbox"/> Change | <u>PT</u> | <u>John Doe</u> |
| <input checked="" type="checkbox"/> Remove | <u>V</u> | <u>Mike Jones</u> |
| <input checked="" type="checkbox"/> Add | <u>SV</u> | <u>Sally Smith</u> |

| Type of Action (Check One) | Title | Name | Address |
|--|----------|------------------------|--|
| 1) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>V</u> | <u>BRITTNEY WILDER</u> | <u>38CONE 24TH CT</u> <u>OCALA, FL 34479</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 2) <input type="checkbox"/> Change <input type="checkbox"/> Add | <u>V</u> | <u>JAMES BEATTIE</u> | <u>1802 CAMERON CT</u> <u>TRINITY, FL 34655</u> |
| <input checked="" type="checkbox"/> Remove | | | |
| 3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>V</u> | <u>CARL ORVIS</u> | <u>6409 HUNTERD</u> <u>PORT SAINT JOHN, FL 32912</u> |
| <input checked="" type="checkbox"/> Add | | | |
| 4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove | <u>V</u> | <u>LAURA KOSIK</u> | <u>5180 85TH AVE N.</u> <u>PINELLAS PARK, FL 33788</u> |
| <input checked="" type="checkbox"/> Add | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| 5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |
| 6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove | | | |

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

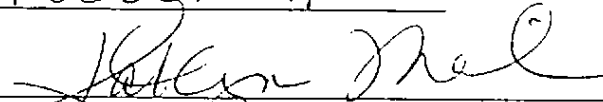
The date of each amendment(s) adoption: AUGUST 6, 2022, if other than the date this document was signed.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated AUGUST 9, 2022

Signature 

(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

KATHRYNE MALIN

(Typed or printed name of person signing)

OFFICE MANAGER

(Title of person signing)

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711813

Entity Name: PANAMA CANAL SOCIETY, INC.

Current Principal Place of Business:

15131 OGDEN LOOP
ODESSA, FL 33556

Current Mailing Address:

15131 OGDEN LOOP
ODESSA, FL 33556-4633 US

FEI Number: 59-6138491

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MALIN, KATHRYNE A.
15131 OGDEN LOOP
ODESSA, FL 33556 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: CHERYL L. WILLIAMS

01/19/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title: TREASURER
Name: ALDERMAN, CYNTHIA
Address: 4724 OARLOCK DR
City-State-Zip: FORT WORTH TX 76135

Title: OFFICE MANAGER
Name: MALIN, KATHRYNE A.
Address: 3312 LORI LN
City-State-Zip: NEW PORT RICHEY FL 34655

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

Title: V
Name: WILDER, BRITTNEY
Address: 3800 NE 24TH CT
City-State-Zip: OCALA FL 34479

Title: V
Name: BEATTIE, JAMES
Address: 1802 CAMERON CT
City-State-Zip: TRINITY FL 34655

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: KATHRYNE A MALIN

OFFICE MANAGER

01/19/2022

Electronic Signature of Signing Officer/Director Detail

Date

* ? It has been wrong for 5 years now.