


FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90030 046 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 725936					
1. Entity Name PANAM-NATIONAL RETIREES ASSOC. INC.					
Principal Place of Business 13601 SW 79 CT. MIAMI, FL 33158 US			Mailing Address P.O. BOX 523947 MIAMI, FL 33152 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 59-1613868				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COLLEDGE, ROBERT H 13601 SW 79 COURT MIAMI, FL 33158				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERRILL, MARKS R			NAME	
STREET ADDRESS	13930 N.W. 14 AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 331671201			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLEDGE, ROBERT H			NAME	
STREET ADDRESS	13601 SW 79 COURT			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33158			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOYD, LOIS I			NAME	
STREET ADDRESS	1095 DOVE AVE			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, HELEN			NAME	
STREET ADDRESS	6814 SOUTH WATERWAY DR			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33155			CITY-ST-ZIP	
TITLE	V	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGES, JOHN			NAME	
STREET ADDRESS	13601 SW 79 COURT			STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES, FL 33016			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDDALL, BILLIE			NAME	D EDWARD K. GANSERT
STREET ADDRESS	4798 SW 2ND ST			STREET ADDRESS	14570 FITZPATRICK ROAD
CITY-ST-ZIP	MIAMI, FL			CITY-ST-ZIP	MIAMI LAKES, FL 33014
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Lois I. Floyd</u> <u>Lois I. Floyd, Treasurer</u> 1-24-05 (305) 888-8844					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					