2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 725936

1. Entity Name
PANAM-NATIONAL RETIREES ASSOC. INC.

Principal Place of Business	Mailing Address
13601 SW 79 CT. MIAMI, FL 33158 US	P.O. BOX 523947 MIAMI, FL 33152 US

02092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-1613868
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

COLLEDGE, ROBERT H
13601 SW 79 COURT
MIAMI, FL 33158

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SHERRILL, MARKS R
STREET ADDRESS	13930 N.W. 14 AVE
CITY-ST-ZIP	MIAMI, FL 331671201
TITLE	P
NAME	COLLEDGE, ROBERT H
STREET ADDRESS	13601 SW 79 COURT
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	T
NAME	FLOYD, LOIS I
STREET ADDRESS	1095 DOVE AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	EVERETT, HELEN
STREET ADDRESS	6814 SOUTH WATERWAY DR
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	V
NAME	BRIDGES, JOHN
STREET ADDRESS	13601 SW 79 COURT
CITY-ST-ZIP	MIAMI LAKES, FL 33018
TITLE	D
NAME	GANSERT, EDWARD K
STREET ADDRESS	14570 FITZPATRICK RD
CITY-ST-ZIP	MIAMI LAKES, FL 33014

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03/10/06 80080-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lois I. Floyd Treasurer 2-27-26 305-888-8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #