

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

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**



01102007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-1613868 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHERRILL, MARKS R 13930 N.W. 14 AVE MIAMI, FL 331671201 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COLLEDGE, ROBERT H 13601 SW 79 COURT MIAMI, FL 33158 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T FLOYD, LOIS I 1095 DOVE AVE MIAMI, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S EVERETT, HELEN 6814 SOUTH WATERWAY DR MIAMI, FL 33155 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BRIDGES, JOHN 13601 SW 79 COURT MIAMI LAKES, FL 33016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GANSERT, EDWARD K 14570 FITZPATRICK RD MIAMI LAKES, FL 33014 |

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01/17/07-80076-009 61.25

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IN THIS SPACE**

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 Lois I. Floyd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-07 305-888-8844

Date

Daytime Phone #