2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State
02-06-2008 90028 014 ****61.25

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

01182008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
10355 W Lake Drive	
Suite, Apt. #, etc.: Miami	Suite, Apt. #, etc.
City & State: Fl	City & State
Zip: 33015 Country: US	Zip Country

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	7. Name and Address of New Registered Agent
COLLEDGE, ROBERT H 13601 SW 79 COURT MIAMI, FL 33158	Name: John H Jackson Street Address (P.O. Box Number is Not Acceptable): 10355 W Lake Drive City: Miami FL Zip Code: 33015

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

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHERRILL, MARKS R 13930 N.W. 14 AVE MIAMI, FL 331671201	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLLEDGE, ROBERT H 13601 SW 79 COURT MIAMI, FL 33158	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P John H Jackson 10355 W Lake Drive Miami Fl 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T FLOYD, LOIS I 1095 DOVE AVE MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S EVERETT, HELEN 6814 SOUTH WATERWAY DR MIAMI, FL 33155	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BRIDGES, JOHN 13601 SW 79 COURT MIAMI LAKES, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GANSERT, EDWARD K 14570 FITZPATRICK RD MIAMI LAKES, FL 33014	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 1-30-08 305-888-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

John Jackson 305 798-1446