2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# 725936

Entity Name: PANAM-NATIONAL RETIREES ASSOC. INC.

Current Principal Place of Business:

10355 W LAKE DRIVE
MIAMI, FL 33015 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 523947
MIAMI, FL 33152 US

New Mailing Address:

FEI Number: 59-1613868 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, JOHN H
10355 W LAKE DRIVE
MIAMI, FL 33015 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SHERRILL, MARKS R	
Address:	13930 N.W. 14 AVE	
City-St-Zip:	MIAMI, FL 331671201	
Title:	P	( ) Delete
Name:	JACKSON, JOHN H	
Address:	10355 W LAKE DRIVE	
City-St-Zip:	MIAMI, FL 33015	
Title:	T	( ) Delete
Name:	FLOYD, LOIS I	
Address:	1095 DOVE AVE	
City-St-Zip:	MIAMI, FL	
Title:	S	( ) Delete
Name:	EVERETT, HELEN	
Address:	6814 SOUTH WATERWAY DR	
City-St-Zip:	MIAMI, FL 33155	
Title:	V	( ) Delete
Name:	BRIDGES, JOHN	
Address:	13601 SW 79 COURT	
City-St-Zip:	MIAMI LAKES, FL 33016	
Title:	D	( ) Delete
Name:	GANSERT, EDWARD K	
Address:	14570 FITZPATRICK RD	
City-St-Zip:	MIAMI LAKES, FL 33014	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	FLOYD, LOIS I	
Address:	1095 DOVE AVE	
City-St-Zip:	MIAMI, FL 33166	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LOIS I. FLOYD T 02/01/2009

Electronic Signature of Signing Officer or Director — Date