2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# 748728

Entity Name: PAN AM RETIREES CLUB, INC.

Current Principal Place of Business:

570 WATSON DR.
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

PO BOX 373114
SATELLITE BEACH, FL 329371114

New Mailing Address:

FEI Number: 59-1957101 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILLEN, R.A.
570 WATSON DR.
INDIALANTIC, FL 32903 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:	PD	( ) Delete
Name:	MICKEY, ROY	
Address:	4112 RAY BURN RD	
City-St-Zip:	COCOA, FL 32926	
Title:	VD	( ) Delete
Name:	SMITH, SHELDON	
Address:	2355 ROBERTS WAY	
City-St-Zip:	SATELLITE BEACH, FL 32937	
Title:	SD	( ) Delete
Name:	SLOCUM, BOBBIE	
Address:	2506 S COUNTRY CLUB RD	
City-St-Zip:	MELBOURNE, FL	
Title:	TD	( ) Delete
Name:	GILLEN, ROBERT	
Address:	570 WATSON DR	
City-St-Zip:	INDIANATLANTIC, FL	
Title:	D	( ) Delete
Name:	SINCLAIR, HARRY	
Address:	127 OCEAN SPRAY AVE.	
City-St-Zip:	SATELLITE BCH., FL	
Title:	VD	(X) Delete
Name:	MICKEY, ROY	
Address:	4112 RAYBURN ROAD	
City-St-Zip:	COCOA BCH, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	SLOCUM, BOBBIE	
Address:	2506 S COUNTRY CLUB RD	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	TD	(X) Change ( ) Addition
Name:	GILLEN, ROBERT	
Address:	570 WATSON DR	
City-St-Zip:	INDIANATLANTIC, FL 32903	
Title:	D	(X) Change ( ) Addition
Name:	SINCLAIR, HARRY	
Address:	127 OCEAN SPRAY AVE.	
City-St-Zip:	SATELLITE BCH., FL 32937	
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: R A GILLEN TD 02/10/2009

Electronic Signature of Signing Officer or Director — Date