

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762577 (5)
1. Corporation Name
PAN AM/NAT'L RETIREES CLUB OF NORTH CENTRAL FLOR
IDA, INC.



Principal Place of Business Mailing Address
RT 4 BOX 586 RT 4 BOX 586
INTERLACHEN FL 32148 INTERLACHEN FL 32148

3. Date Incorporated or Qualified 03/24/1982 3a. Date of Last Report 02/06/1995
4. FEI Number 59-2175372 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGSMA, GEORGE E.
RR 4, BOX 586
INTERLACHEN FL 32148

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

Apr 23 '96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BERGSMA, GEORGE E.
STREET ADDRESS RR 4, BOX 586
CITY-ST-ZIP INTERLACHEN FL 32148-9557

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME ROBERTS, ROBERT A
STREET ADDRESS 225 S STARLIT POINT
CITY-ST-ZIP INVERNESS FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☒ DELETE
NAME BEYER, GEORGE
STREET ADDRESS 200 HARPERS FERRY DR
CITY-ST-ZIP DAYTONA BEACH FL

3.1 TITLE MY ERROR ☒ Change ☐ Addition
3.2 NAME MARQUIS, WILLARD R.
3.3 STREET ADDRESS RT 3 BOX 509
3.4 CITY-ST-ZIP GAINESVILLE FL 32653-9730

TITLE SD ☒ DELETE
NAME POTTER, EDGAR
STREET ADDRESS KEY LARGO WAY
CITY-ST-ZIP LEESBURG FL

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME WILLARD R, MARQUIS
4.3 STREET ADDRESS RT 3 BOX 509
4.4 CITY-ST-ZIP GAINESVILLE FL 32653-9730

TITLE D ☐ DELETE
NAME LEE, JAMES
STREET ADDRESS 33741 LAKE SHORE DR.
CITY-ST-ZIP TAVARES FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr 23 '96 904-684-2315

CR2E037 (12/95)