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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762577** (5)
1. Corporation Name
PAN AM/NAT'L RETIREES CLUB OF NORTH CENTRAL FLORIDA, INC.



Principal Place of Business RT 4 BOX 586 INTERLACHEN FL 32148	Mailing Address RT 4 BOX 586 INTERLACHEN FL 32148
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2. Principal Place of Business 21 225 S. Starlit Pt. Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 03/24/1982	3a. Date of Last Report 04/29/1996
22 City & State 23 Inverness, FL		27 City & State 28 same		4. FEI Number 59-2175372	Applied For Not Applicable
24 Zip 34450		25 Country USA		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
27		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent BERGSMAN, GEORGE E. RR 4, BOX 586 INTERLACHEN FL 32148		10. Name and Address of New Registered Agent 81 Name Robert A. Roberts 82 Street Address (P.O. Box Number is Not Acceptable) 225 S. Starlit Pt. 83 84 City Inverness FL 85 Zip Code 34450	
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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 *Robert A. Roberts* **Robert A. Roberts** **4/7/97** DATE
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, ROBERT A 225 S STARLIT POINT INVERNESS FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Robert A. Roberts 225 S. Starlit Pt. Inverness, FL 34450-1808 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEYER, GEORGE 200 HARRIS FERRY DR DAYTONA BEACH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Treasurer Beyer, George 200 Harris Ferry Dr Daytona Beach, FL 32119-8960 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLARD R MARQUIS RT 3 VX 509 GAINESVILLE FL 32653-9730 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary Willard R. Marquis Rt. 3 Box 509 Gainesville, FL 32653-9730 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JAMES 33741 LAKE SHORE DR. TAVARES FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	James K. Lee-Director 33741 Lake Shore Dr Tavares, FL 32778-5031 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director John A. Dymek 5109 S.E. 72nd Pl Oakland, FL 34471-3368 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Director David L. Bowen 6935 Deer Springs Road KeyStone Heights, FL 32656-9701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: *Robert A. Roberts* **Robert A. Roberts** **4/7/97** **726-8352** (352)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 007731R

CR2E037 (9/96)