


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90070 022 \*\*\*\*61.25

<b>DOCUMENT # 762577</b> 1. Entity Name <b>PAN AM/NAT'L RETIREES CLUB OF NORTH CENTRAL FLORIDA, INC.</b>					
Principal Place of Business <b>225 S. STARLIT PT INVERNESS FL 34450 US</b>			Mailing Address <b>225 STARLIT PT INVERNESS FL 34450 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2175372</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ROBERTS, ROBERT A 225 S. STARLIT PT INVERNESS FL 34450</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 <u><b>Robert A. Roberts</b></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u><b>4/15/04</b></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROBERTS, ROBERT A</b>		NAME		
STREET ADDRESS	<b>225 S. STARLIT PT</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>INVERNESS FL 34450-1808</b>		CITY - ST - ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>BEYER, GEORGE</b>		NAME	<b>John C. O'Neill</b>	
STREET ADDRESS	<b>208 HARPERS FERRY DR</b>		STREET ADDRESS	<b>Box 1085</b>	
CITY - ST - ZIP	<b>DAYTONA BEACH FL 32119-8960</b>		CITY - ST - ZIP	<b>Keystone Heights, FL 32656-1085</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILLARD, MARQUIS R</b>		NAME		
STREET ADDRESS	<b>431 MAPLE TREE DR., APT. FF109</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ALTOONA FL 32702-9025</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LEE, JAMES</b>		NAME		
STREET ADDRESS	<b>33741 LAKE SHORE DR</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>TAVARES FL 32778-5078</b>		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SISTERUNK, WILLIAM</b>		NAME		
STREET ADDRESS	<b>RT 3 BOX 1995</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>LAKE CITY FL 32024-7435</b>		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FERNANDEZ, JOHN A</b>		NAME		
STREET ADDRESS	<b>6300 HIDDEN DALE AVE</b>		STREET ADDRESS		
CITY - ST - ZIP	<b>ORLANDO FL 32819-4114</b>		CITY - ST - ZIP		
12. I 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 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: <u><b>Robert A. Roberts</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u><b>4/15/04</b></u> <small>Date</small>		
			352 - 726-8352 <small>Daytime Phone #</small>		

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MOORE CR2E037 (11/03)