

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762577**

1. Entity Name

PAN AM/NAT'L RETIREES CLUB OF NORTH CENTRAL  
FLORIDA, INC.



Principal Place of Business

225 S. STARLIT PT  
INVERNESS FL 34450  
US

Mailing Address

225 STARLIT PT  
INVERNESS FL 34450  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2175372

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, ROBERT A  
225 S. STARLIT PT  
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Robert A. Roberts, President*

*Feb. 17, 2005*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTS, ROBERT A	
STREET ADDRESS	225 S. STARLIT PT	
CITY- ST- ZIP	INVERNESS FL 34450-1808	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEILL, JOHN C	
STREET ADDRESS	BOX 1085	
CITY- ST- ZIP	KEYSTONE HEIGHTS FL 32656-1085	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLARD, MARQUIS R	
STREET ADDRESS	431 MAPLE TREE DR., APT. FF109	
CITY- ST- ZIP	ALTOONA FL 32702-9025	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, JAMES	
STREET ADDRESS	33741 LAKE SHORE DR	
CITY- ST- ZIP	TAVARES FL 32778-5078	
TITLE	V	<input type="checkbox"/> Delete
NAME	SISTERUNK, WILLIAM	
STREET ADDRESS	RT 3 BOX 1995	
CITY- ST- ZIP	LAKE CITY FL 32024-7435	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JOHN A	
STREET ADDRESS	6300 HIDDEN DALE AVE	
CITY- ST- ZIP	ORLANDO FL 32819-4114	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11100001237224	
STREET ADDRESS	02/21/05-80046-022 61.25	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

*Robert A. Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 17, 2005 352-726-8352*

Date

Daytime Phone #