2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2006 8:00 am **Secretary of State DOCUMENT # 762577** 1. Entity Name 03-09-2006 90168 008 ****61.25 PAN AM/NAT'L RETIREES CLUB OF NORTH CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 225 S. STARLIT PT 225 STARLIT PT INVERNESS FL 34450 INVERNESS FL 34450 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State Applied For City & State 4. FEI Number 59-2175372 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERTS, ROBERT A Street Address (P.O. Box Number is Not Acceptable) 225 S. STARLIT PT ₩ĘŖŊĘSS FL 34450 City Zip Code INVERNESS, Ft. 34450-1808 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. 1 am familiar with, and accept the obligations of registered agent. SIGNAT ROBERTS (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be \Box Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Change ☐ Addition TITLE ☐ Delete ROBERTS, ROBERT A NAME NAME STREET ADDRESS 225 S. STARLIT PT STREET ADDRESS INVERNESS FL 34450-1808 CITY-ST-ZIP CITY-ST-79 X Addition D DIRECTOR ☐ Change TITLE X Delete TITLE O'NEILL, JOHN C LOGAN, MILLER S. 1063 YORK WAY NAME STREET ADDRESS BOX 1085 STREET ADDRESS KEYSTONE HEIGHTS FL 32656-1085 CITY-ST-ZIP PORT ORANGE, FL32129-4109 TREASURER TITLE ☐ Delete TITLE Change ___ Addition MARQUIS, WILLARD R. NAME WILLARD, MARQUIS R NAME 431 MAPLE TREE DR. APT.FF 109 431 MAPLE TREE DR., APT. FF109 STREET ADDRESS STREET ADDRESS ALTOONA FL 32702-9025 ALTOONA, FL. 35702 9025 CITY-ST-ZIP City-St-7IP SECRETÁRY **Addition** TITLE TITLE Change Delete MILLION , GEORGE W. NAME LEE, JAMES NAME 221S.E.54 th STREET ADDRESS 33741 LAKE SHORE DR STREET ADDRESS AVE. TAVARES FL 32778-5078 CITY-ST-ZIP CITY-ST-ZIP <u>OCALA. FL. 34471-3466</u> ☐ Delete TITLE Change ☐ Addition TITLE SISTERUNK, WILLIAM NAME NAME RT 3 BOX 1995 STREET ADDRESS STREET ADDRESS LAKE CITY FL 32024-7435 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FERNANDEZ, JOHN A NAME NAME 6300 HIDDEN DALE AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32819-4114

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if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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

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