

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762577

FILED
Apr 06, 2007
Secretary of State

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

Current Principal Place of Business:

225 S. STARLIT PT
INVERNESS, FL 34450 US

New Principal Place of Business:

Current Mailing Address:

225 STARLIT PT
INVERNESS, FL 34450 US

New Mailing Address:

FEI Number: 59-2175372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROBERTS, ROBERT A
Address: 225 S. STARLIT PT
City-St-Zip: INVERNESS, FL 344501808

Title: D () Delete
Name: LOGAN, MILLER S
Address: 1063 YORK WAY
City-St-Zip: PORT ORANGE, FL 321294109

Title: T () Delete
Name: WILLARD, MARQUIS R
Address: 431 MAPLE TREE DR., APT. FF109
City-St-Zip: ALTOONA, FL 327029025

Title: S () Delete
Name: MILLION, GEORGE W
Address: 221 SE 54TH AVE
City-St-Zip: OCALA, FL 344713466

Title: V () Delete
Name: SISTERUNK, WILLIAM
Address: RT 3 BOX 1995
City-St-Zip: LAKE CITY, FL 320247435

Title: D () Delete
Name: FERNANDEZ, JOHN A
Address: 6300 HIDDEN DALE AVE
City-St-Zip: ORLANDO, FL 328194114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLARD R MARQUIS

T

04/06/2007

Electronic Signature of Signing Officer or Director

Date