

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000007479

1. Entity Name
PAN-AMERICAN SPORTS MANAGEMENT INC



Principal Place of Business
2851 SUNRISE LAKES DRIVE EAST
108
SUNRISE, FL 33322

Mailing Address
2851 SUNRISE LAKES DRIVE EAST
108
SUNRISE, FL 33322

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09142007 Chg-NP CR2E037 (12/06)

4. FEL Number

87-1530144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, TED M
2851 SUNRISE LAKES DRIVE EAST
108
SUNRISE, FL FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME COLEMAN, TED M
STREET ADDRESS 2851 SUNRISE LAKES DRIVE EAST APT#108
CITY-ST-ZIP SUNRISE, FL 33322

TITLE ☐ Change ☐ Addition
NAME 200109596802
STREET ADDRESS 09/18/07--01071--006 **\$1.25
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CARNegie, NATALIE R
STREET ADDRESS 2415 OLD ST. AUGUSTINE RD. #811
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Natalie R. Carnegie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

07 SEP 14 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



29/14