

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010265

FILED
Jul 31, 2007
Secretary of State

Entity Name: PANAMANIAN ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

537 SUMMER BREEZE DR. N.
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

537 SUMMER BREEZE DR. N.
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SAMUELS, ROBERTO
537 SUMMER BREEZE DR. N.
JACKSONVILLE, FL 32218 US

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: SAMUELS, ROBERTO
Address: 537 SUMMER BREEZE DR. N.
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: LASHLEY, CLAUDE
Address: 7443 HIGH BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32244

Title: S () Delete
Name: MCKINNON, CARMEN
Address: 8248 CATFIELD CT.
City-St-Zip: JACKSONVILLE, FL 32277

Title: T () Delete
Name: SCOTT, ISABEL
Address: 13553 CRASHAW RD
City-St-Zip: JACKSONVILLE, FL 32246

Title: F () Delete
Name: GORDON, YOLANDA
Address: 12400 NESTING EAGLE WEG.
City-St-Zip: JACKSONVILLE, FL 32225

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
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 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: ISABEL SCOTT

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07/31/2007

Electronic Signature of Signing Officer or Director

Date