

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90015 003 ****61.25

DOCUMENT # N40288

1. Entity Name
PANAMANIAN CLUB OF TAMPA BAY, INC.



Principal Place of Business
**1706 W. HANNA AVE.
TAMPA, FL 33604**

Mailing Address
**1706 W. HANNA AVE.
TAMPA, FL 33604**

40040401



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

03182008

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-3043735

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

**LEBRON, MICHAEL W ESQ
400 E BUFFALO AVE
SUITE 101
TAMPA, FL 33603**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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 ☐ Delete
NAME **P**
STREET ADDRESS **FURLOG, BRENDA**
CITY-ST-ZIP **1706 W HANNA AVE
TAMPA, FL 33604**

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

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **COLLINS, BERTA**
CITY-ST-ZIP **4826 KELLY RD
TAMPA, FL 33615**

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **Oztolaza, Evelyn**
CITY-ST-ZIP **5424 Ripple Creek Dr.
Tampa, FL 33625**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **SADA, NITZA C**
CITY-ST-ZIP **1916 ST. ISABEL STREET
TAMPA, FL 336076522**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **FADUL, CAROLINA**
CITY-ST-ZIP **13430 STAGHORN RD
TAMPA, FL 33626**

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **LA FUENTE, RUSSELL D**
CITY-ST-ZIP **4809 RIVER SHORE DR
TAMPA, FL 33603**

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

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **SADA, ASTEVIA B**
CITY-ST-ZIP **1005 E 31ST AVENUE
TAMPA, FL 33603**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Collins, Berta**
CITY-ST-ZIP **4826 Kelly Rd.
Tampa, FL 33615**

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:

Brenda Furlog
Brenda Furlog, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-08

Date

813-872 8534

Daytime Phone #