2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000002216

1. Entity Name
PAN AMERICAN ROUND TABLE OF THE TREASURE COAST INC.

Principal Place of Business	Mailing Address
1322 SW CEDAR COVE PORT SAINT LUCIE, FL 34986 US	PO BOX 175 PALM CITY, FL 34990 US

04212006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0507769
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROZON, NANCY
1322 SW CEDAR COVE
PORT SAINT LUCIE, FL 34986

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000531216
05/06/06-80034-003 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RAZON, NANCY
STREET ADDRESS	1322 SW CEDAR COVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34986
TITLE	TD
NAME	GONZALEZ, MARTHA
STREET ADDRESS	2356 SW VALNERA ST
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	VPD
NAME	SANTIAGO-MORALES, GIGI
STREET ADDRESS	5556 NW THYER CIRCLE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34985
TITLE	RS
NAME	CONTRERAS, PLACIDA
STREET ADDRESS	3955 NW DEER OAK DR
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	CS
NAME	PETERSON, MARIA T
STREET ADDRESS	1997 SW STRATFORD WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	PD
NAME	COY, IRIS
STREET ADDRESS	2031 SW LANCE AVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953

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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: Martha L. Gonzalez Martha Gonzalez 3/29/06 (772) 342-0951
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #