

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002216

FILED  
Jan 23, 2012  
Secretary of State

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

**Current Principal Place of Business:**

10551 WESTLAWN BLVD.  
PORT SAINT LUCIE, FL 34987 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 175  
PALM CITY, FL 34991 US

**New Mailing Address:**

**FEI Number:** 65-0507769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENE, DORIS JULIETA P  
10551 WESTLAWN BLVD.  
PORT SAINT LUCIE, FL 34987 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  
**Name:** GREENE, DORIS JULIETA P  
**Address:** 10551 WESTLAWN BLVD.  
**City-St-Zip:** PORT SAINT LUCIE, FL 34987 US

**Title:** VP  
**Name:** PETERSON, MARIA T VP  
**Address:** 1997 SW STRATFORD WAY  
**City-St-Zip:** PALM CITY, FL 34990 US

**Title:** T  
**Name:** GAVIDIA, GRISELDA T  
**Address:** 4572 SW BRANCH TERRACE  
**City-St-Zip:** PALM CITY, FL 34990 US

**Title:** RS  
**Name:** GUZMAN, LUCIA RS  
**Address:** 1279 SW BELLEVUE AVE  
**City-St-Zip:** PORT SAINT LUCIE, FL 34953 US

**Title:** CS  
**Name:** BERNAS, LIGIA CS  
**Address:** 2279 SE BLOSSOM RD  
**City-St-Zip:** PORT SAINT LUCIE, FL 34952 US

**Title:** D  
**Name:** MARQUEZ, MERCEDES  
**Address:** 2444 SW IMPALA ST  
**City-St-Zip:** STUART, FL 34997 US

I hereby 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 all other like empowered.

**SIGNATURE:** DORIS JULIETA GREENE

P

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date