

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90211 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001378
 1. Corporation Name
PANAMA CANAL SOCIETY FOUNDATION, INCORPORATED

Principal Place of Business 37718 MERIDIAN AVENUE DADE CITY FL 33525	Mailing Address P.O. BOX 243 DADE CITY FL 33526-0243
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2. Principal Place of Business 21 649 Sweetwater Way Suite, Apt. #, etc.	2a. Mailing Address 28 P.O. Box 1145 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/09/1998
22 City & State 23 Haines City FL	27 City & State 28 Haines City FL	4. FEI Number 59-3532182
24 33844-6309	29 33845-1145	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WOOD, JOSEPH 3002 SAWGRASS CIRCLE TALLAHASSEE FL 32308	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUMMER, CHARLES		1.2 NAME	
STREET ADDRESS 649 SWEETWATER WAY		1.3 STREET ADDRESS	
CITY-ST-ZIP HAINES CITY FL 33844-6309		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOOD, JOSEPH		2.2 NAME	
STREET ADDRESS 3002 SAWGRASS CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32308		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME FRASSRAND, BETTY		3.2 NAME EGOLF, KATHERINE G.	
STREET ADDRESS 37718 MERIDIAN AVENUE		3.3 STREET ADDRESS 3848 90TH TER NO	
CITY-ST-ZIP DADE CITY FL 33525		3.4 CITY-ST-ZIP PINELLAS PARK FL 34666	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME HERN, JACK	
STREET ADDRESS		4.3 STREET ADDRESS 510 LEPPING LANE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP ZEPHYRHILLS FL 33541	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME GIBSON, MARIE	
STREET ADDRESS		5.3 STREET ADDRESS 1735 SATURN LANE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP HOUSTON TX 77058	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles W. Hummer, Jr. EXECUTIVE VICE PRESIDENT 4/19/99 (94)421-4758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

WTH
 5/2/99

CR2E037 (11/98)