

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # N05000010313**

1. Entity Name  
**PANTHER SOFTBALL, INC.**



FILED

08 JUN 30 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
13955 S.W. 119TH AVENUE  
MIAMI, FL 33186 US

Mailing Address  
13955 S.W. 119TH AVENUE  
MIAMI, FL 33186 US



2. Principal Place of Business - No P.O. Box #  
**8300 SW 119th ST**

3. Mailing Address  
**8300 SW 119th ST**

Suite, Apt. #, etc.

05262008 Chg-NP CR2E037 (12/06)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

Zip  
**33156**

Country  
**USA**

Zip  
**33156**

Country  
**USA**

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SACO, MIKE**  
15715 SW 89TH AVENUE  
MIAMI, FL 33157

Name  
**ERIC J. STEPHENS**

Street Address (P.O. Box Number is Not Acceptable)  
**8300 SW 119th ST**

City  
**MIAMI** **FL** Zip Code  
**33156**

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]* **President** **MAY 29, 2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is \$61.25**

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 **P**  Delete

NAME **SACO, MIKE**

STREET ADDRESS **15715 SW 89 AVE.**

CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **P**  Change  Addition

NAME **ERIC J. STEPHENS**

STREET ADDRESS **8300 SW 119th ST**

CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VP**  Delete

NAME **ROCAWICH, MARK**

STREET ADDRESS **8325 SW 151 ST**

CITY-ST-ZIP **MIAMI, FL 33158**

TITLE **VP**  Change  Addition

NAME **SANDRA L. STEPHENS**

STREET ADDRESS **8300 SW 119th ST**

CITY-ST-ZIP **MIAMI, FL 33156**

TITLE **VP**  Delete

NAME **MULLINS-DIAZ, LISA**

STREET ADDRESS **7841 186 ST**

CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **VP**  Change  Addition

NAME **JAMIE SNOW**

STREET ADDRESS **8505 SW 148th TERR**

CITY-ST-ZIP **MIAMI, FL 33158**

TITLE **S**  Delete

NAME **MARQUEZ, VALERIE**

STREET ADDRESS **13615 SW 74 AVE**

CITY-ST-ZIP **MIAMI, FL 33158**

TITLE  Change  Addition

NAME **90013300483**

STREET ADDRESS **07/16/08--01016--009**

CITY-ST-ZIP **\*\*\$1.25**

TITLE **T**  Delete

NAME **ROCAWICH, JULIE**

STREET ADDRESS **8325 S.W. 151ST STREET**

CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **T**  Change  Addition

NAME **LISA WADDELL**

STREET ADDRESS **11900 SW 63rd AVE**

CITY-ST-ZIP **MIAMI, FL 33156**

TITLE  Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  Change  Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 information empowered.

SIGNATURE: *[Signature]* **MAY 29, 2008 (305) 255 6466**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #