

4/20/98 18-5135 C  
FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **732169** (8)  
1. Corporation Name

**PANTHER BOOSTERS, INC.**

Principal Place of Business

Mailing Address

**807 ORANGE AVE.  
P.O. BOX 643  
EUSTIS FL 32726**

**807 ORANGE AVE.  
P.O. BOX 643  
EUSTIS FL 32726**



3. Date Incorporated or Qualified

**03/17/1975**

4. FEI Number

**59-1613474**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**28** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BABB, HOWARD  
19020 LAKE SWATARA  
EUSTIS FL 32726**

*delete*

81 Name

**Christie Vaughn**

82 Street Address (P.O. Box Number is Not Acceptable)

**21060 Parkerest drive**

83

84 City

**Eustis**

FL

85 Zip Code

**32736**

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

*Christie Vaughn*  
Signature, typed or printed name of registered agent and title if applicable

*Mary Jane Aulls*  
(NOT) Registered Agent signature required when reinstating

**4/10/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE

NAME **BABB, VIRGINIA**  
STREET ADDRESS **19029 LAKE SWATARA**  
CITY-ST-ZIP **EUSTIS FL 32736**

TITLE **PD** ☒ DELETE

NAME **BABB, HOWARD JR.**  
STREET ADDRESS **19029 LAKE SWATARA DR**  
CITY-ST-ZIP **EUSTIS FL 32736**

TITLE **TD** ☐ DELETE

NAME **AULLS, MARY JANE**  
STREET ADDRESS **P.O. BOX GRAD ISLAND N/A**  
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President - Director** ☐ Change ☐ Addition

1.2 NAME **Christie Vaughn**  
1.3 STREET ADDRESS **21060 Parkerest drive**  
1.4 CITY-ST-ZIP **Eustis, FL 32736**

2.1 TITLE **VP - Director** ☐ Change ☐ Addition

2.2 NAME **LARRY BEARD**  
2.3 STREET ADDRESS **21581 Rollingwood Trail**  
2.4 CITY-ST-ZIP **Eustis, FL 32736**

3.1 TITLE **Mary Jane Aulls** ☐ Change ☐ Addition

3.2 NAME **P.O. Box 352448 N/A**  
3.3 STREET ADDRESS **GRAD Island, FL 32735**  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

*Christie Vaughn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/10/98**  
Date

**352-357-4147**  
Daytime Phone # 001-352

CR2E037 (10/97)