

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 A
Secretary of State

DOCUMENT # 744128

1. Entity Name
**PANTHERS INSTRUMENTAL & AUXILIARY PARENT
BOOSTER ASSOCIATION, INC.**



Principal Place of Business
**7460 S.W. 118 STREET
MIAMI, FL 33156**

Mailing Address
**13615 S DIXIE HWY
114-442
MIAMI, FL 33176**



01162008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1846280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PARKS, DENISE
15001 SW 81 AVE
MIAMI, FL 33158**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000731506
01/23/08-80078-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICHALAKOS, VICKI
STREET ADDRESS	7300 SW 164 ST.
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	PD
NAME	PARKS, DENISE M
STREET ADDRESS	15001 SW 81 AVE
CITY-ST-ZIP	MIAMI, FL 33158

TITLE	TD
NAME	DUBIN, JAY
STREET ADDRESS	14650 SW 81 AVE.
CITY-ST-ZIP	MIAMI, FL 33158

TITLE	SD
NAME	MANTEIGA, SUSAN H
STREET ADDRESS	11801 SW 69 CT
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/08

305-975-2933