

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$245)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002272 (3)

1. Corporation Name

FLORIDA PANTHER PROJECT, INC.

FILED

95 AUG -7 AM 10:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2474 WOOD OAK DR.
SARASOTA FL 34232

2474 WOOD OAK DR.
SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1993

3a. Date of Last Report

03/17/1994

4. FEI Number

65-0411967

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status



FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMUELS, WILLIAM
2474 WOOD OAK DRIVE
SARASOTA FL 34232

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	SAMUELS, WILLIAM
STREET ADDRESS	2474 WOOD OAK DRIVE
CITY - ST - ZIP	SARASOTA FL 34232
TITLE	D
NAME	SAMUELS, CONSTANCE
STREET ADDRESS	2474 WOOD OAK DRIVE
CITY - ST - ZIP	SARASOTA FL 34232
TITLE	D
NAME	SAMUELS, KENNETH
STREET ADDRESS	1608 UNIVERSITY BLVD. WEST
CITY - ST - ZIP	SILVER SPRINGS MD 20902
TITLE	D
NAME	SAMUELS, THERESA
STREET ADDRESS	1608 UNIVERSITY BLVD. WEST
CITY - ST - ZIP	SILVER SPRINGS MD 20902
TITLE	D
NAME	SAMUELS, JOHN
STREET ADDRESS	3705 ISBELL ST.
CITY - ST - ZIP	WHEATON MD
TITLE	D
NAME	CUNNINGHAM, KATHY
STREET ADDRESS	950 S. RIDGELAND AVE.
CITY - ST - ZIP	DELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☒ Change ☐ Addition
62 NAME	D
63 STREET ADDRESS	CONDA, JUDITH A.
64 CITY - ST - ZIP	6551 GULF GATE PLACE SARASOTA, FLORIDA 34231

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

William A. Samuels, PRESIDENT

7-30-95 (941)379-2221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #