

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001377

FILED  
May 03, 2005  
Secretary of State

Entity Name: ST. LUCIE PANTHERS, INC.

## Current Principal Place of Business:

2860 BROCKSMITH ROAD  
FORT PIERCE, FL 34945

## New Principal Place of Business:

## Current Mailing Address:

2860 BROCKSMITH ROAD  
FORT PIERCE, FL 34945

## New Mailing Address:

FEI Number: 04-3678130      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BOWERS, KELLY  
2860 BROCKSMITH ROAD  
FORT PIERCE, FL 34945      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: P      ( ) Delete  
Name: STOKES, BRENDA  
Address: 2486 S.W. WAIKIKI ST.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ST      ( ) Delete  
Name: BOWERS, KELLY  
Address: 2860 BROCKSMITH RD.  
City-St-Zip: FORT PIERCE, FL 34945

Title: D      ( ) Delete  
Name: TILLEY, JENSEN  
Address: 1957 S.W. GOLD LANE  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D      ( ) Delete  
Name: KEMERSON, ROBERT  
Address: 2020 S.W. KASLIM TERR.  
City-St-Zip: PORT SAINT LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRENDA STOKES

PRES

05/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date