

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007458

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: GOLDEN PANTHER BOOSTER CLUB, INC.

**Current Principal Place of Business:**

10550 RAY RD.  
ST. AUGUSTINE, FL 320958800

**New Principal Place of Business:**

**Current Mailing Address:**

200 SOLANA RD.  
C  
PONTE VEDRA, FL 32082

**New Mailing Address:**

FEI Number: 59-2846616      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RINGEISEN, HAROLD L  
200 SOLANA RD., STE. C  
PONTE VEDRA BEACH, FL 32082      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: D      ( ) Delete  
Name: SANDERS, BERNARD J JR.  
Address: 121 NATURES ISLE DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Delete  
Name: RINGEISEN, HAROLD L  
Address: 153 BEACHSIDE DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Delete  
Name: BROOKS, GREG  
Address: 356 SAWMILL LANE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: BERMUDEZ, JALENE  
Address: 113 REGENTS PLACE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

Title: D      (X) Change ( ) Addition  
Name: POWER, JOE  
Address: 109 PALM BAY CT.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D      ( ) Change (X) Addition  
Name: PIERCE, LIZ  
Address: 404 W. MILL CHASE CT.  
City-St-Zip: PONTE VEDRA, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JALENE BERMUDEZ

PRES

02/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date