2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009480

FILED Apr 30, 2009 Secretary of State

Entity Name: PANTHER AQUATIC BOOSTER CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

18045 SW 88 CT. 16062 SW 84 CT MIAMI, FL 33157 MIAMI, FL 33157

Current Mailing Address: New Mailing Address:

18045 SW 88 CT. 16062 SW 84 CT MIAMI, FL 33157 MIAMI, FL 33157

FEI Number: 20-1869781 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KLING, DAVID

18045 SW 88 COURT

MIAMI, FL 33157 US

GARCIA, GLORIA

16062 SW 84 CT

MIAMI, FL 33157 US

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: GLORIA GARCIA 04/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 KLING, DAVID
 Name:
 LICHTNER, DEBBIE

Address: 18045 SW 88 COURT Address: 12820 SW 68TH AVE
City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33156

Title: S () Delete Title: VP (X) Change () Addition Name: SACO, DACYL VP (X) Change () Addition Name: SACO, DACYL

 Name
 SACO, DACTE
 Name
 SACO, DACTE

 Address:
 15715 SW 89 AVE
 Address:
 15715 SW 89 AVE

 City-St-Zip:
 MIAMI, FL 33157
 City-St-Zip:
 MIAMI, FL 33157

 $\label{eq:title:title:S} \textit{Title:} \qquad \textit{S} \qquad \textit{(X) Change () Addition}$

 Name:
 LICHTNER, DEBBIE
 Name:
 CHAIT, VICKY

 Address:
 12820 SW 69TH AVE
 Address:
 7461 SW 131 ST

 City-St-Zip:
 PINECREST, FL 33156
 City-St-Zip:
 PINECREST, FL 33156

Title: T () Delete Title: () Change () Addition

 Name:
 GARCIA, GLORIA
 Name:

 Address:
 16062 SW 84 CT
 Address:

 City-St-Zip:
 PALMETTO BAY, FL 33157
 City-St-Zip:

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: GLORIA GARCIA T 04/30/2009