

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N11404**

(3)

1. Corporation Name

PANTHER BOOSTER CLUB, INC.



Principal Place of Business

P O BOX 430446
KISSIMMEE FL 34743-7446

Mailing Address

P O BOX 430446
KISSIMMEE FL 34743-7446

3. Date Incorporated or Qualified
10/02/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2710654

Applied For
Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

28

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REED, MIKE
87 ALAMEDA DR.
KISSIMMEE FL 34743**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
**PD
REED, MIKE
87 ALAMEDA DR.
KISSIMMEE FL**

11 TITLE ☒ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
**2712 KENDALL AVE.
KISSIMMEE, FL 34744**

TITLE ☐ DELETE

NAME
**VD
FRASCA, BOB
108 LOREDO LANE
KISSIMMEE FL**

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
**S
MOSER, DALE
71 HARNESS LN
KISSIMMEE FL**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
**TD
LAFUVRE, WANDA
114 DAHLIA DR.
KISSIMMEE FL**

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☒ DELETE

NAME
**D
HARDING, JUDY
147 JUAREZ DR.
KISSIMMEE FL**

51 TITLE ☐ Change ☒ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
**HARDING, BOB
147 JUAREZ DR.
KISSIMMEE, FL 34743**

TITLE ☐ DELETE

NAME
**D
PURCELL, LINDA
348 LAPAZ
KISSIMMEE FL**

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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 119.07(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:

Mike Reed

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

407-931-2461

Daytime Phone #

CR2E037 (12/95)