


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 34743-0446	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 10/02/1985		3a. Date of Last Report 02/12/1996	
4. FEI Number 59-2710654		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent REED, MIKE 87 ALAMEDA DR. KISSIMMEE FL 34743		10. Name and Address of New Registered Agent 81 Name DALE MOSER 82 Street Address (P.O. Box Number is Not Acceptable) 71 HARNESS LN. KISSIMMEE 83 84 City FL 85 Zip Code 34743	
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 <i>Dale Moser</i> DATE 4/26/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME REED, MIKE STREET ADDRESS 2712 KENDALL AVENUE CITY-ST-ZIP KISSIMMEE FL	1.1 TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Beverly Rosenke 1.3 STREET ADDRESS 128 HARNESS LN. 1.4 CITY-ST-ZIP KISSIMMEE, FL 34743	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE VD <input type="checkbox"/> DELETE NAME FRASCA, BOB STREET ADDRESS 108 LOREDO LANE CITY-ST-ZIP KISSIMMEE FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE S <input type="checkbox"/> DELETE NAME MOSER, DALE STREET ADDRESS 71 HARNESS LN CITY-ST-ZIP KISSIMMEE FL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE TD <input type="checkbox"/> DELETE NAME LAFAUVRE, WANDA STREET ADDRESS 114 DAHLIA DR. CITY-ST-ZIP KISSIMMEE FL	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Lonnie Becket 5.3 STREET ADDRESS 1450 WOOD LAKE Circle 5.4 CITY-ST-ZIP ST. CLOUD, FL 34772	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE NAME HARDING, BOB STREET ADDRESS 147 JUAREZ DRIVE CITY-ST-ZIP KISSIMMEE FL	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME PURCELL, LINDA STREET ADDRESS 348 LAPAZ CITY-ST-ZIP KISSIMMEE FL	14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.		



CR2E037 (9/96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0089910