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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N42251 (1) THE PANTHER YARDAGE CLUB, INC.  Principal Place of Business Mailing Address 511 ST. JOHNS AVENUE 511 ST. JOHNS AVENUE												
PALATKA F				ATKA FL 32177								
								<ol> <li>Date Incorporated 02/25/199</li> </ol>		3a. D	ate of Las 02/22/	
2. Principal P	Place of Busine	ess	<b></b>	ailing Address	· · · · · ·			4. FEI Number			<del> </del>	Applied For
Suite, Apt.	. #. etc.		26 Si	uite, Apt. #, etc.				59-312239	<u> </u>			Not Applicable
22				27			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
City & Stat	te		28 Ci	ty & State				6. Election Campaign Trust Fund Contrib	•			00 May Be
Ζ <sub>I</sub> ρ 24		Country	Zij	p	Count	try		8. This corporation ha	as liability for in	ntangible t	ax under s	ed to Fees s. 199.032
E4		25 and Address of Curr	29 29 ent Register	ed Agent	30			Florida Statutes  10. Name and Addre		Yes [		
				riguin		B1 Na	me	.u. realis Bild Addis	-= UI NOW KE	yistered	Agent	
MIKELL	., JOHN L.				_	- [		ess (P.O. Box Number is N	lot Assentable	-)		
511 ST	511 ST. JOHNS AVENUE						ou Addi	555 (r.C. DOX NUMBER IS I	TOL MODEPIEDIO	<b>=</b> ]		
PALATI	KA FL 3217	7			6	B3						
					h-						85 Z	p Code
					•	<b>84</b> Cit	У					
11. Pursuant	to the provision	ons of Sections 617.05	02 and 617.1	508, Florida Statut	46		,	ation submits this stateme	nt for the purp	FL ose of ch		registered office
familiar w	or agorit, or	ons of Sections 617.05 both, in the State of FI of the obligations of, Se	onua, ouch ch	iange was authoriz	es, the above		,	ation submits this stateme d of directors. I hereby ac	nt for the purp cept the appoi			registered office d agent. I am
familiar w	vith, and accep	of printed name of registered as	ection 617,050	3, Florida Statutes	es, the above ed by the co 3.	e-name orporation	d corpora on's boar	d of directors. I hereby ac	cept the appoi	ose of chintment as	anging its registered	d agent. I am
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS CITY-SI-ZIP TITLE  NAME	Signature, typed  D MIKELL, 511 ST. PALATK D BATES, POST C	JOHN L. JOHNS AVENUE A FL  BEN JR.  FFICE BOX 1710	ordion 617.05C	ange was authors.  3, Florida Statutes  able (NG)  RS	es, the above red by the co. 3.  11. Titll 12. NAM 1.3. STRE 1.4. CITY 2.1. TITLE 2.2. NAM	e-name orporation gent signal E ME EET ADDR (-ST-ZIP)	d corpora on's board	d of directors. I hereby ac	cept the appoi	DATE	anging its registered DIRECTO	DRS IN 12
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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 theycorporation 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 chapted, or on an autochronit with an address.

SIGNATURE:

MATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

January 18 196

328-676/ Deytime Prone \*