

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N42251

1. Entity Name
THE PANTHER YARDAGE CLUB, INC.



Principal Place of Business
**511 ST. JOHNS AVENUE
PALATKA, FL 32177**

Mailing Address
**511 ST. JOHNS AVENUE
PALATKA, FL 32177**



08232006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SMITH, TITO S
511 ST. JOHNS AVENUE
PALATKA, FL 32177**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, TITO S
STREET ADDRESS	511 ST. JOHNS AVENUE
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	D
NAME	BATES, BEN JR.
STREET ADDRESS	POST OFFICE BOX 1710 N/A
CITY-ST-ZIP	PALATKA, FL
TITLE	D
NAME	BUCKLES, DAVID M.
STREET ADDRESS	ROUTE 1, BOX 88 N/A
CITY-ST-ZIP	EAST PALATKA, FL
TITLE	D
NAME	EDWARDS, WILSON
STREET ADDRESS	103 SUNSET POINT
CITY-ST-ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/28/06-80005-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #