

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N47629** (3)

1. Corporation Name

PANTHER SOCCER BOOSTER CLUB, INC.



Principal Place of Business

Mailing Address

C/O LAMONT & NEIMAN P.A.
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131
US

C/O LAMONT & NEIMAN P.A.
ONE BISCAYNE TOWER #3550
MIAMI FL 33131
US

3. Date Incorporated or Qualified
02/28/1992

3a. Date of Last Report
05/31/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0317661

Applied For
Not Applicable

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

LAMONT & NEIMAN P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BALTER, STEVEN	
STREET ADDRESS	15130 S.W. 76TH COURT	
CITY - ST - ZIP	MIAMI-FL-33158	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CREELMAN, PAULINE	
STREET ADDRESS	16024 S.W. 89TH PLACE	
CITY - ST - ZIP	MIAMI-FL-33157	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOWARD, CLEVE W.	
STREET ADDRESS	7651 S.W. 137TH ST	
CITY - ST - ZIP	MIAMI-FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DUNPHY, JOEL M.	
STREET ADDRESS	8201 S.W. 162ND ST	
CITY - ST - ZIP	MIAMI-FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LAMONT, ROBERT S.	
STREET ADDRESS	ONE BISCAYNE TOWER #3550	
CITY - ST - ZIP	MIAMI-FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Director/President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	BUCKHALT, RUSSELL	
13 STREET ADDRESS	8730 S.W. 155 Terrace	
14 CITY - ST - ZIP	Miami, Florida 33157	
21 TITLE	Director/Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	WOLCOTT, CAROL	
23 STREET ADDRESS	18245 S.W. 98 Avenue	
24 CITY - ST - ZIP	Miami, Florida 33157	
31 TITLE	Director/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	LUCAS, VICTORIA	
33 STREET ADDRESS	15060 S.W. 71 Court	
34 CITY - ST - ZIP	Miami, Florida 33158	
41 TITLE	Director/Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	JAMISON, SUE	
43 STREET ADDRESS	14321 S.W. 97 Avenue	
44 CITY - ST - ZIP	Miami, Florida 33176	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Russell Buckhalt
RUSSELL BUCKHALT, PRESIDENT

1/3/96

305-530-9400

Date

Daytime Phone

CR2E037 (12/95)