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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N47629  
1. Corporation Name  
PANTHER SOCCER BOOSTER CLUB, INC.

6 615772-90003-23



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

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

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 02/28/1992 4. FEI Number 65-0317661 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
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DP
NAME	WOLCOTT, CAROL R	1.2 NAME	Mestre, Mayra
STREET ADDRESS	18245 SW 98 AVE	1.3 STREET ADDRESS	7940 SW 160 St.
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	DVP	2.1 TITLE	
NAME	WOLCOTT, CAROL	2.2 NAME	
STREET ADDRESS	18245 SW 98 AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	FULWIDER, DEBORAH	3.2 NAME	
STREET ADDRESS	7740 SW 182 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	
NAME	SMITH, PAMELA I	4.2 NAME	
STREET ADDRESS	15125 S.W. 74 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33158	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Deborah A. Fulwider 9/9/99 305-254-3183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)