

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000003752 (3)**

1. Corporation Name

DMS PANTHER BOOSTERS, INC.

Principal Place of Business

**430 E GIBSON
ARCADIA FL 33821**

Mailing Address

**420 E GIBSON
ARCADIA FL 33821**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

3. Date Incorporated or Qualified	08/16/1993	
4. FEI Number	65-0441152	Applied For <input type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
HIPP, SHERRY 6844 SW RIVER ST 343 N. Wilson St. PORT OGDEN FL 34267 Arcadia, FL 34266	

10. Name and Address of New Registered Agent	
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	FOSTER, BARBARA
STREET ADDRESS	1008 RAINBOW AVENUE
CITY-ST-ZIP	ARCADIA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	HIPP, SHERRY
STREET ADDRESS	5400 NW COKER STREET
CITY-ST-ZIP	ARCADIA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	STEMM, MARY
STREET ADDRESS	1471 NE LIVINGSTON ST
CITY-ST-ZIP	ARCADIA FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	GAJE, MARGO
STREET ADDRESS	225 SO HILLSBOROUGH AVE.
CITY-ST-ZIP	ARCADIA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HRSTKA, BOB
STREET ADDRESS	13100 BABCOCK AVE
CITY-ST-ZIP	PORT CHARLOTTE FL 33953
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hipp, Sherry
1.3 STREET ADDRESS	343 N. Wilson St.
1.4 CITY-ST-ZIP	Arcadia, FL 34266
2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barnwell, Debbie
2.3 STREET ADDRESS	6389 S.W. River St.
2.4 CITY-ST-ZIP	Arcadia, FL 34266
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stemm, Mary
3.3 STREET ADDRESS	1471 N.E. Livingston St
3.4 CITY-ST-ZIP	Arcadia, FL 34266
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Leiter, Margo
4.3 STREET ADDRESS	1345 S.E. Airport Rd.
4.4 CITY-ST-ZIP	Arcadia, FL 34266
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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	

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 in an attachment with an address.

SIGNATURE:

Margo Leiter

Margo Leiter/Treasurer

4-3-98

(941)494-4133

CR2E037 (10/97)