

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 8:00 am
Secretary of State

02-09-2007 90024 042 ****61.25

DOCUMENT # N93000003752

1. Entity Name
DMS PANTHER BOOSTERS, INC.



Principal Place of Business
**420 E GIBSON
ARCADIA, FL 33821**

Mailing Address
**420 E GIBSON
ARCADIA, FL 33821**

2. Principal Place of Business - No P.O. Box #
See above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0441152

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BREMER, DAVE
2096 SE HANSEL AVE
ARCADIA, FL 34266**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Dave Bremer

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **BIRD, REBECCA**
STREET ADDRESS **1840 NW WINDY PINE AVENUE**
CITY-STATE-ZIP **ARCADIA, FL 34266**

TITLE **PD** ☐ Delete
NAME **MORENO, MARIA**
STREET ADDRESS **530 LA SOLONA AVE**
CITY-STATE-ZIP **ARCADIA, FL 34266**

TITLE **TD** ☐ Delete
NAME **BEARD, BONNIE**
STREET ADDRESS **41 GLENDORA AVENUE**
CITY-STATE-ZIP **ARCADIA, FL 34266**

TITLE **SD** ☐ Delete
NAME **SMITH, RUTH ANN**
STREET ADDRESS **3106 SW FENDER AVENUE**
CITY-STATE-ZIP **ARCADIA, FL 34266**

TITLE **D** ☐ Delete
NAME **BREMER, DAVE**
STREET ADDRESS **2096 SE HANSEL AVE**
CITY-STATE-ZIP **ARCADIA, FL 34266**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☐ Addition
NAME **Cherry McCray**
STREET ADDRESS **P.O. Box 2406, Arcadia 34266**

TITLE **PD** ☐ Change ☐ Addition
NAME **Karen Mead**
STREET ADDRESS **1102 Waterside St. Apt. 100**
CITY-STATE-ZIP **Pt. Charlotte, FL 33952**

TITLE **TD** ☐ Change ☐ Addition
NAME **Mia Berndt**
STREET ADDRESS **1009 SW Eucalyptus Ave**
CITY-STATE-ZIP **Arcadia, FL 34266**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Karen S. Mead **Karen S. Mead**

Date

1/12/07 863-444-4133

Daytime Phone #