2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 25, 2009
Secretary of State

DOCUMENT# N93000003752

Entity Name: DMS PANTHER BOOSTERS, INC.

Current Principal Place of Business:

420 E GIBSON
ARCADIA, FL 33821

New Principal Place of Business:

Current Mailing Address:

420 E GIBSON
ARCADIA, FL 33821

New Mailing Address:

FEI Number: 65-0441152 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: TD ( ) Delete
Name: MCCRAY, CHERRY
Address: P.O. BOX 2406
City-St-Zip: ARCADIA, FL 34266

Title: PD ( ) Delete
Name: MEAD, KAREN
Address: 1102 WATERSIDE STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VD ( ) Delete
Name: BEARD, BONNIE
Address: 124 S OSCEOLA AVE
City-St-Zip: ARCADIA, FL 34266

Title: SD (X) Delete
Name: SMITH, RUTH ANN
Address: 3106 SW FENDER AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: D (X) Delete
Name: BREMER, DAVE
Address: 2096 SE HANSEL AVE
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change ( ) Addition
Name: SMITH, RUTH A
Address: 3106 SW FENDER AVENUE
City-St-Zip: ARCADIA, FL 34266

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: BREMER, DAVE
Address: 2096 SE HANSEL AVE
City-St-Zip: ARCADIA, FL 34266

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUTH ANN SMITH SD 06/25/2009

Electronic Signature of Signing Officer or Director — Date