

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90130 011 \*\*\*\*70.00

<b>DOCUMENT # N94000000713</b> 1. Entity Name <b>THE FLORIDA PANTHER SOCIETY INC.</b>																																																																																																																											
Principal Place of Business <b>RT 1 BOX 1895 WHITE SPRINGS, FL 32096</b>		Mailing Address <b>RT 1 BOX 1895 WHITE SPRINGS, FL 32096</b>																																																																																																																									
2. Principal Place of Business <b>377 NW Stephen Foster</b>		3. Mailing Address <b>377 NW Stephen Foster Drive</b>																																																																																																																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																									
City & State <b>White Springs, Florida</b>		City & State <b>White Springs, Florida</b>																																																																																																																									
Zip <b>32096</b>		Zip <b>32096-7465</b>																																																																																																																									
Country <b>USA</b>		Country <b>USA</b>																																																																																																																									
4. FEI Number <b>59-3230473</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent <b>WILLIAMS, STEPHEN L STEPHEN FOSTER DR. RT 1 BOX 1895 WHITE SPRINGS, FL 32096</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																											
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>																																																																																																																									
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">DP Director</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILLIAMS, STEPHEN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>RT 1 BOX 1895</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WHITE SPRINGS, FL 32096</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV President</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HOWARD, KAREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6212 S DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE CITY, FL 32055</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HANCOCK, JUDITH C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1010 ALAMO DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LAKE CITY, FL 32055</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DT</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SUTPHIN, JOHN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4026 DALLAS DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VALDOSTA, GA</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Director</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Sadler, Lynn</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. Box 780</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Moorpark, California 93020</td> <td></td> </tr> <tr> <td>TITLE</td> <td>Director</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>Call Brian F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>19605 NW 23rd St</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pembroke Pines, Florida 33029</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>				TITLE	DP Director	<input type="checkbox"/> Delete	NAME	WILLIAMS, STEPHEN		STREET ADDRESS	RT 1 BOX 1895		CITY-ST-ZIP	WHITE SPRINGS, FL 32096		TITLE	DV President	<input type="checkbox"/> Delete	NAME	HOWARD, KAREN		STREET ADDRESS	6212 S DRIVE		CITY-ST-ZIP	LAKE CITY, FL 32055		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	HANCOCK, JUDITH C		STREET ADDRESS	1010 ALAMO DRIVE		CITY-ST-ZIP	LAKE CITY, FL 32055		TITLE	DT	<input type="checkbox"/> Delete	NAME	SUTPHIN, JOHN		STREET ADDRESS	4026 DALLAS DR		CITY-ST-ZIP	VALDOSTA, GA		TITLE	Director	<input type="checkbox"/> Delete	NAME	Sadler, Lynn		STREET ADDRESS	P.O. Box 780		CITY-ST-ZIP	Moorpark, California 93020		TITLE	Director	<input type="checkbox"/> Delete	NAME	Call Brian F		STREET ADDRESS	19605 NW 23rd St		CITY-ST-ZIP	Pembroke Pines, Florida 33029		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. 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 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.																																																																																																																											
<b>SIGNATURE:</b> <u>John F. Sutphin</u> Treasurer <u>John F. Sutphin</u> <u>26 April 2005</u> <u>229-563-2997</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																											