

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90416 004 ****70.00

DOCUMENT # N94000000713

1. Entity Name
THE FLORIDA PANTHER SOCIETY INC.



Principal Place of Business
**377 NW STEPHEN FOSTER DRIVE
WHITE SPRINGS, FL 32096**

Mailing Address
**377 NW STEPHEN FOSTER DRIVE
WHITE SPRINGS, FL 32096**

40071947



03032007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3230473

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, STEPHEN L.
STEPHEN FOSTER DR.
RT 1 BOX 1895 = Change to 911 address.
WHITE SPRINGS, FL 32096 377 NW Stephen
Foster Drive**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WILLIAMS, STEPHEN L
377 NW STEPHEN FOSTER DR.
WHITE SPRINGS, FL 32096**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HILL, KAREN
25 NW 5TH ST.
HIGH SPRINGS, FL 32643**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SUTPHIN, JOHN
3818 WINCHESTER PL.
VALDOSTA, GA 31602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SADLER, LYNN
P.O. BOX 780
MOORPARK, CA 93020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Stephen L. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/07
Date

306 597-2995
Daytime Phone #

ATTACHMENT 40071947

#1794000000713

DTN: 1449030 CH4318

ATTACHMENT A-1 List of Professional Solicitors

Please list professional solicitor(s) soliciting on your behalf in Florida:

1. Name: NONE
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____
2. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

ATTACHMENT A-2 List of Professional Fundraising Consultants

Please list professional consultant(s) acting on your behalf in Florida:

1. Name: NONE
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____
2. Name: _____
Street Address: _____
City, State, and Zip: _____ Phone: _____
Registration Number: _____ Contract Beginning Date: _____ Ending Date: _____

ATTACHMENT

40071947

N94000000713
ATTACHMENT C

DTN: 1449030 CH4318

Florida Chapters, Branches or Affiliates

Please list Florida chapters, branches, or affiliates included in this registration:

1. Name: None
Address: _____
City, State, and Zip: _____ Phone: _____
2. Name: _____
Address: _____
City, State, and Zip: _____ Phone: _____