2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000046

City-St-Zip:

DELTONA, FL 32738

Entity Name: PANTHERS ATHLETIC BOOSTER CLUB, INC.

FILED Apr 18, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	LAND BLVD. A, FL 32738				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	RGATE LOOP RY, FL 32746				
FEI Number:	: 59-3422606	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	l Address of C	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
	JAN K RGATE LOOP RY, FL 32746	US			
	named entity so e of Florida.	ubmits this statement for the p	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electroni	c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD () GOFF, ALAN 558 APOLLO AV DELTONA, FL 3		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () STEPHEN, FRAN 2100 PUERTO R DELTONA, FL 3	ICO DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () PILCHER, JAN 556 SILVERGAT LAKE MARY, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PCD () I ARTHUR, BRUCI 1862 EAST CHA DELTONA, FL 3	PEL DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SD () ARNETT, JOY 1862 EAST CHA	Delete PEL DRIVE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: JAN PILCHER TD 04/18/2004