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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001990 (7)
1. Corporation Name
CRYSTAL LAKE PANTHERS, INC.



Principal Place of Business Mailing Address
2901 BROOKS AVE. EATON PARK FL 33840 P.O. BOX 266 EATON PARK FL 33840

3. Date Incorporated or Qualified
04/09/1997
4. FEI Number
59-3438456
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 605 Longfellow Blvd 26 PO Box 1621
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Lakeland FL 28
Zip Country Zip Country
24 33801 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BRITT, SUZZANE
2901 BROOKS AVE.
EATON PARK FL 33840

10. Name and Address of New Registered Agent
81 Name Wayne Goodwin
82 Street Address (P.O. Box Number is Not Acceptable) 605 Longfellow Blvd
83
84 City Lakeland FL 85 Zip Code 33801

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Wayne Goodwin* Wayne Goodwin President 4/27/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAASE, DON	
STREET ADDRESS	916 REYNOLDS ROAD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HERBERT, TAMMY	
STREET ADDRESS	2220 WEBER STREET	
CITY-ST-ZIP	LAKELAND FL 33840	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BRITT, SUZZANE	
STREET ADDRESS	2901 BROOKS AVE.	
CITY-ST-ZIP	EATON PARK FL 33840	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOODWIN, WAYNE	
STREET ADDRESS	605 LONGFELLOW BLVD	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ANNETTE	
STREET ADDRESS	2525 DEL ROSE DRIVE E	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLAWSON, MIKE	
STREET ADDRESS	3343 HUGHES	
CITY-ST-ZIP	LAKELAND FL 33805	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Patsy Justice	
1.3 STREET ADDRESS	2939 Ellis Ave	
1.4 CITY-ST-ZIP	Lakeland FL 33803	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thelma Jean Chodazek	
2.3 STREET ADDRESS	2406 Colonial Ave	
2.4 CITY-ST-ZIP	Lakeland FL 33801	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Maureen Goodwin	
3.3 STREET ADDRESS	605 Longfellow Blvd	
3.4 CITY-ST-ZIP	Lakeland FL 33801	
4.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joe Davis	
5.3 STREET ADDRESS	2531 Christy Lane	
5.4 CITY-ST-ZIP	Lakeland FL 33803	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Tom Chodazek	
6.3 STREET ADDRESS	2406 Colonial Ave	
6.4 CITY-ST-ZIP	Lakeland FL 33801	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE *Wayne Goodwin* 4-27-98

CR2E037 (10/97)