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Apr 28, 1999 8:00 am
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04-28-1999 90063 043 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001990

1. Corporation Name

CRYSTAL LAKE PANTHERS, INC.

Principal Place of Business

605 LONGFELLOW BLVD
LAKELAND FL 33801
US

Mailing Address

P O BOX 1621
EATON PARK FL 33840
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/09/1997

4. FEI Number

59-3438456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WAYNE GOODWIN
605 LONGFELLOW BLVD
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 S ☒ DELETE
NAME PATSY JUSTICE
STREET ADDRESS 2939 ELLIS AVE
CITY-ST-ZIP LAKELAND FL 33803

TITLE T ☒ DELETE
NAME THELMA JEAN CHODAZECK
STREET ADDRESS 2406 COLONIAL AVE
CITY-ST-ZIP LAKELAND FL 33801

TITLE D ☐ DELETE
NAME MAUREEN GOODWIN
STREET ADDRESS 605 LONGFELLOW BLVD
CITY-ST-ZIP LAKELAND FL 33801

TITLE P ☐ DELETE
NAME GOODWIN, WAYNE
STREET ADDRESS 605 LONGFELLOW BLVD
CITY-ST-ZIP LAKELAND FL 33801

TITLE D ☐ DELETE
NAME JOE DAVIS
STREET ADDRESS 2531 CHRISTY LN
CITY-ST-ZIP LAKELAND FL 33803

TITLE D ☒ DELETE
NAME TOM CHODAZECK
STREET ADDRESS 2406 COLONIAL AVE
CITY-ST-ZIP LAKELAND FL 33801

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

C. S. Bader TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

407-828-1541

Date

Daytime Phone #

CR2E037 (11/98)