

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

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006061

1. Entity Name
PANTHER PARENTS THEATER BOOSTERS, INC.



Principal Place of Business
**7460 SW 118 STREET
MIAMI, FL 33156**

Mailing Address
**PO BOX 562271
MIAMI, FL 33156**



01152007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0872351	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ELLENBY, KIKI
7245 SW 138TH ST
MIAMI, FL 33158**

**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 reinstating)

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

U000000598757
01/24/07-80088-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	GENET, ELLEN
STREET ADDRESS	7105 SW 115TH TERR
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	P
NAME	ELLENBY, KIKI
STREET ADDRESS	7245 SW 138 ST
CITY-ST-ZIP	MIAMI, FL 33158

TITLE	VP
NAME	JANISSE, PAT
STREET ADDRESS	12365 SW 73 AVE
CITY-ST-ZIP	MIAMI, FL 33156

TITLE	VP
NAME	EVINS, SUE
STREET ADDRESS	7261 SW 151ST ST
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	VP
NAME	TERRELL, CHARLOTTE
STREET ADDRESS	10505 SW 114TH CT
CITY-ST-ZIP	MIAMI, FL 33176

TITLE	S
NAME	EPELBAUM, GISELA
STREET ADDRESS	6450 SW 92ND ST
CITY-ST-ZIP	MIAMI, FL 33156

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #