


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000001286</b>	
1. Entity Name <b>PANTHER BASEBALL CLUB, INC.</b>	

Principal Place of Business <b>13601 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>13601 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33410</b>
--	--



03272007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  <b>SCHILLING, CHRISTOPHER J 13601 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33410</b>	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 \_\_\_\_\_ (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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WORSTER, KEN 12831 MARSH POINTE WAY PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHILLING, CHRISTOPHER J 251 ROYAL PALM WAY, SUITE 602 PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRANKLIN, BOB 6085 MICHAEL ST JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000687714  
04/10/07-80049-024 61.25

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-07

Date

561-662-6526

Daytime Phone #