FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737143 (8)

1. Corporation Name
ST. CLOUD BULLDOG BOOSTER CLUB, INC.

Principal Place of Business	Mailing Address
2000 BULLDOG LN PO BOX 452 ST CLOUD FL 34769-5268	2000 BULLDOG LN PO BOX 452 ST CLOUD FL 34769-5268

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1976
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-0386047 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STARR, FRANKLIN P.
1201 W. EMMETT STREET
KISSIMMEE FL 34741

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	KELLER, RON	1.2 NAME		
STREET ADDRESS	206 MARYLAND AVE.	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLOUD, FL 00000	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	CARSTENSEN, ROBERT	2.2 NAME	Martin Nash	
STREET ADDRESS	330 WISCONSIN AVE	2.3 STREET ADDRESS	1920 Carolyn Ct.	
CITY-ST-ZIP	ST CLOUD, FL 00000	2.4 CITY-ST-ZIP	St. Cloud, Fl.	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	NASH, MARTIN	3.2 NAME	Jerry Butler	
STREET ADDRESS	1920 CAROLYN CT.	3.3 STREET ADDRESS	1501 Virginia Ave.	
CITY-ST-ZIP	ST. CLOUD FL	3.4 CITY-ST-ZIP	St. Cloud, Fl.	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	OAKLEY, VALERIE	4.2 NAME	Robert Carstensen	
STREET ADDRESS	P. O. BOX 700829 N/A	4.3 STREET ADDRESS	330 Wisconsin Ave.	
CITY-ST-ZIP	ST. CLOUD FL	4.4 CITY-ST-ZIP	St. Cloud, Fl.	
TITLE	T	5.1 TITLE		☐ Change ☐ Addition
NAME	CARSTENSEN, SUE	5.2 NAME		
STREET ADDRESS	330 WISCONSIN AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	PHILLIPS, RICK	6.2 NAME	John Dippold	
STREET ADDRESS	3181 WHISPERWIND DR	6.3 STREET ADDRESS	1720 Carolyn Court	
CITY-ST-ZIP	ST. CLOUD FL	6.4 CITY-ST-ZIP	St. Cloud, Fl.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sue Carstensen 4-27-95 (407) 892-9833
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Sue Carstensen, Treasurer

0049349