FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
1996 AUG 30 AM 9:41
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

3. Date Incorporated or Qualified: 10/22/1976
3a. Date of Last Report: 05/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

700001944197 -09/11/96--01025--012
*****61.25 ******61.25

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: Gregory Buehler
82 Street Address (P.O. Box Number is Not Acceptable): 1985 Sir Lancelot Circle
83
84 City: St. Cloud — FL — Zip Code: 34772

700001944197 -09/11/96--01025--012
*****61.25 ******61.25

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: Gregory Buehler — DATE: 8/23/96
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	☒ DELETE	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	KELLER, RON		1.2 NAME	JOLENE WILLIAMS	
STREET ADDRESS	206 MARYLAND AVE.		1.3 STREET ADDRESS	4230 Canoe Creek Rd.	
CITY-ST-ZIP	ST CLOUD, FL 00000		1.4 CITY-ST-ZIP	St. Cloud, FL. 34770	
TITLE	V	☒ DELETE	2.1 TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	NASH, MARTIN		2.2 NAME	JULIE BLANCHETTE	
STREET ADDRESS	1920 CAROLYN CT.		2.3 STREET ADDRESS	320 Cypress Ave.	
CITY-ST-ZIP	ST. CLOUD FL		2.4 CITY-ST-ZIP	St. Cloud, FL. 34769	
TITLE	D	☒ DELETE	3.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	BUTLER, JERRY		3.2 NAME	SANDY PHILLIPS (SANDRA E. PHILLIPS)	
STREET ADDRESS	1501 VIRGINIA AVE.		3.3 STREET ADDRESS	3181 WHISPER WIND DR.	
CITY-ST-ZIP	ST. CLOUD FL		3.4 CITY-ST-ZIP	ST. CLOUD, FL. 34771	
TITLE	D	☒ DELETE	4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	CARSTENSEN, ROBERT		4.2 NAME	ELAINE BUEHLER	
STREET ADDRESS	330 WISCONSIN AVE.		4.3 STREET ADDRESS	1985 SIR LANCELOT CR.	
CITY-ST-ZIP	ST. CLOUD FL		4.4 CITY-ST-ZIP	ST. CLOUD, FL. 34772	
TITLE	T	☒ DELETE	5.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	CARSTENSEN, SUE		5.2 NAME	GREG BUEHLER	
STREET ADDRESS	330 WISCONSIN AVENUE		5.3 STREET ADDRESS	1985 SIR LANCELOT CR.	
CITY-ST-ZIP	ST. CLOUD FL		5.4 CITY-ST-ZIP	ST. CLOUD, FL. 34772	
TITLE	D	☒ DELETE	6.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	DIPPOLD, JOHN		6.2 NAME	BECKY KOZLOSKI	
STREET ADDRESS	1720 CAROLYN COURT		6.3 STREET ADDRESS	38 TROTTERS CIRCLE	
CITY-ST-ZIP	ST. CLOUD FL		6.4 CITY-ST-ZIP	KISSIMMEE, FL. 34743	

CR2E037 (12/95)

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)(k), 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: Sandra E. Phillips — Sandra E. Phillips — 07/22/96 — 407-935-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #