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May 14 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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  
08/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 452

22 City & State

27 City & State

23 Zip Country

28 ST. CLOUD, FL  
29 34770 30 3

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURHLER, GREGORY  
1985 SIR LANCELOT CIRCLE  
ST. CLOUD FL 34772

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 P  
NAME WILLIAMS, JOLENE  
STREET ADDRESS 4230 CANOE CREEK RD.  
CITY-ST-ZIP ST. CLOUD FL 34770

TITLE VP  
NAME BLANCHETTE, JULIE  
STREET ADDRESS 320 CYPRESS AVE.  
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE S  
NAME PHILLIPS, SANDRA E  
STREET ADDRESS 3181 WHISPER WIND DR.  
CITY-ST-ZIP ST. CLOUD FL 34771

TITLE D  
NAME BUEHLER, ELAINE  
STREET ADDRESS 1985 SIR LANCELOT CR.  
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE T  
NAME BUEHLER, GREG  
STREET ADDRESS 1985 SIR LANCELOT CR.  
CITY-ST-ZIP ST. CLOUD FL 34772

TITLE D  
NAME KOZLOSKI, BECKY  
STREET ADDRESS 38 TROTTERS CIRCLE  
CITY-ST-ZIP KISSIMMEE FL 34743

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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.

CR2E037 (9/96)