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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 737143					
1. Corporation Name ST. CLOUD BULLDOG BOOSTER CLUB, INC.					
Principal Place of Business 2000 BULLDOG LN PO BOX 452 ST CLOUD FL 34769-5268			Mailing Address P.O. BOX 452 ST. CLOUD FL 34770 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/22/1976 4. FEI Number 59-0386047 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BURHLER, GREGORY 1985 SIR LANCELOT CIRCLE ST. CLOUD FL 34772				10. Name and Address of New Registered Agent 81 Name White, Angela L. 82 Street Address (P.O. Box Number is Not Acceptable) 437 Wyoming Ave. 83 84 City St. Cloud FL 85 Zip Code 34769	
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 <i>Angela L. White</i> DATE 5-3-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)					

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE	1.1 TITLE	Secretary S/D	☒ Change	☐ Addition	
NAME	WILLIAMS, JOLENE		1.2 NAME				
STREET ADDRESS	4230 CANOE CREEK RD.		1.3 STREET ADDRESS				
CITY-ST-ZIP	ST. CLOUD FL 34770		1.4 CITY-ST-ZIP				
TITLE	VP	☒ DELETE	2.1 TITLE	President P/D	☐ Change	☒ Addition	
NAME	BLANCHETTE, JULIE		2.2 NAME	Dippold, John			
STREET ADDRESS	320 CYPRESS AVE.		2.3 STREET ADDRESS	1720 Carolyn Court			
CITY-ST-ZIP	ST. CLOUD FL 34769		2.4 CITY-ST-ZIP	St. Cloud, FL 34769			
TITLE	S	☒ DELETE	3.1 TITLE	Treasurer T/D	☐ Change	☒ Addition	
NAME	PHILLIPS, SANDRA E		3.2 NAME	White, Angela L.			
STREET ADDRESS	3181 WHISPER WIND DR.		3.3 STREET ADDRESS	437 Wyoming Avenue			
CITY-ST-ZIP	ST. CLOUD FL 34771		3.4 CITY-ST-ZIP	St. Cloud, FL 34769			
TITLE	D	☒ DELETE	4.1 TITLE	VP/D	☐ Change	☒ Addition	
NAME	BUEHLER, ELAINE		4.2 NAME	Gaudette, Jeff			
STREET ADDRESS	1985 SIR LANCELOT CR.		4.3 STREET ADDRESS	2366 Sweetwater Blvd.			
CITY-ST-ZIP	ST. CLOUD FL 34772		4.4 CITY-ST-ZIP	St. Cloud, FL 32744			
TITLE	T	☒ DELETE	5.1 TITLE	VP, D	☐ Change	☒ Addition	
NAME	BUEHLER, GREG		5.2 NAME	Howes, Steve			
STREET ADDRESS	1985 SIR LANCELOT CR.		5.3 STREET ADDRESS	1725 Jan Lan Blvd.			
CITY-ST-ZIP	ST. CLOUD FL 34772		5.4 CITY-ST-ZIP	St. Cloud, FL 34772			
TITLE	D	☒ DELETE	6.1 TITLE	D/T	☐ Change	☒ Addition	
NAME	KOZLOSKI, BECKY		6.2 NAME	Knight, Karen			
STREET ADDRESS	38 TROTTERS CIRCLE		6.3 STREET ADDRESS	1455 Beechwood Dr.			
CITY-ST-ZIP	KISSIMMEE FL 34743		6.4 CITY-ST-ZIP	St. Cloud, FL 34772			

14. I 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, with all other like empowered.

SIGNATURE:

Angela L. White
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Angela L. White, Treasurer
 Date

4/6/99 407-891-0440
 Daytime Phone #

CR2E037 (1/98)