ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90781 003 ****61.25

DOCUMENT # 737143

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

Principal Place of Business	Mailing Address
2000 BULLDOG LN PO BOX 700452 ST CLOUD, FL 34769-5268	PO BOX 700452 ST. CLOUD, FL 34770 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04282004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-0386047 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHMIOR, ROSEMARY
2265 JAMES DR
SAINT CLOUD, FL 34771

7. Name and Address of New Registered Agent

Name Michael T. Tatholi
Street Address (P.O. Box Number is Not Acceptable) 5730 E. Telo Bron. Mem. Hwy
City St. Cloud **FL** Zip Code 34771

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, JOLENE 4230 CANOE CREEK RD. ST. CLOUD, FL 34770	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hansell, Linda 1032 Tony CR. St Cloud FL 34772	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TATTOLI, MICHAEL 530 HARKLEY RUNYSN RD. SAINT CLOUD, FL 34771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TaHoli, Michael 5730 E. Telo Bron. Mem. Hwy St. Cloud, FL 34772	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCHMIDT, ROSEMARY 2265 JAMES DR. MOUNDVILLE, MO 64771	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Strite Yvonne 5700 Sweetheart Ct. St Cloud FL 34772	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHMIDT, DON 1401 EASTERN AVE SAINT CLOUD, FL 34769	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Hamil, Mary Kay 118 Lakepoint Ct. Kissimmee, FL 34743	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT KNIGHT, KAREN 1455 BEECHWOOD DR ST CLOUD, FL 34772	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: Rosemary Schmidt Rosemary Schmidt 4/28/04 407-908-9501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #