## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#737143** 

FILED May 02, 2006 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 2000 BULLDOG LN PO BOX 700452 ST CLOUD, FL 347695268 **Current Mailing Address: New Mailing Address:** PO BOX 700452 ST. CLOUD, FL 34770 US FEI Number: 59-0386047 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TATTOLI, MICHAEL 5750 E IRLO BRONSON MEMORIAL HWY SAINT CLOUD, FL 34771 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition HANSELL, LINDA Name: Name: Address: 1032 TONY CIR Address: City-St-Zip: SAINT CLOUD, FL 34772 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: TATTOLI, MICHAEL Name: Address: 5750 E IRLO BRONSON MEMORIAL HWY Address: City-St-Zip: SAINT CLOUD, FL 34771 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CHISHOLM, DONNA Name: SHERRY, OSBORNE Name: 4075 CANOE CREEK RD 2000 BULLDOG LANE Address: Address: City-St-Zip: SAINT CLOUD, FL 34772 US City-St-Zip: SAINT CLOUD, FL 34769 US ( ) Delete Title: Title: (X) Change ( ) Addition Name: HAMIL, MARY KAY Name: TODD, CONNIE 118 LAKEPOINT CT 1187 ANNE ELISA CIRCLE Address: Address: City-St-Zip: KISSIMMEE, FL 34743 US City-St-Zip: ST. CLOUD, FL 34772 US Title: () Delete Title: (X) Change ( ) Addition CHISHOLM, LAMAR WHITE, KRISTIE Name: Name: 4075 CANOE CREEK RD 1676 CYPRESS WOODS CIRCLE Address: Address: SAINT CLOUD, FL 34772 US SAINT CLOUD, FL 34772 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA CHISHOLM Т 05/02/2006