


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90230 046 ****61.25

DOCUMENT # N00000003642

1. Entity Name
DIXIE HOLLINS HIGH SCHOOL BASEBALL BOOSTERS, INC.



Principal Place of Business
**10632 BLOSSOM LAKE DR
 SEMINOLE, FL 33772**

Mailing Address
**10632 BLOSSOM LAKE DR
 SEMINOLE, FL 33772**

94061010



2. Principal Place of Business
3198-56th St. N.
 Suite, Apt. #, etc.

3. Mailing Address
3198-56th St. N.
 Suite, Apt. #, etc.

04072004 Chg-NP CR2E037 (10/03)

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip
33710 Country
U.S.A.

Zip
33710 Country
U.S.A.

4. FEI Number
59-3691291

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CRANE, DONNA
 10632 BLOSSOM LAKE DR
 ST. PETERSBURG, FL 33710**

7. Name and Address of New Registered Agent

Name
Kevin Cranmer

Street Address (P.O. Box Number is Not Acceptable)
3198-56th St. N.

City
St. Petersburg FL Zip Code
33710

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 *Kevin Cranmer* **PRESIDENT** **04/20/04**
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CRANE, DONNA	
STREET ADDRESS	10632 BLOSSOM LAKE DR	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHAFFER, BRENDA	
STREET ADDRESS	6344 68TH STN.	
CITY-ST-ZIP	PINELLAS PARK, FL 33781	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BLACKWELL, HEATHER	
STREET ADDRESS	5340 43RD TERR N	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CRANE, JOHN	
STREET ADDRESS	10632 BLOSSOM LAKE DR	
CITY-ST-ZIP	SEMINOLE, FL 33772	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Cranmer	
STREET ADDRESS	3198-56th St. N.	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angel Cranmer	
STREET ADDRESS	3198-56th St. N.	
CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Donna A Crane* **4/20/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #