2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003642

FILED Apr 20, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

3198 - 56TH ST. N. 5080 45TH AVE NORTH

SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33709

Current Mailing Address: New Mailing Address:

3198 - 56TH ST. N. 5080 45TH AVE NORTH

SAINT PETERSBURG, FL 33710 SAINT PETERSBURG, FL 33709

FEI Number: 59-3691291 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CRANMER, KEVIN STATON, TOM

3198 - 56TH ST. N. 5080 45TH AVE NORTH

ST. PETERSBURG, FL 33710 US ST. PETERSBURG, FL 33709 US

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: TOM STATON 04/20/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

le: PD () Delete Title: PD (X) Change () Addition

 Name:
 CRANMER, KEVIN
 Name:
 STATON, TOM

 Address:
 3198 - 56TH ST. N.
 Address:
 5080 45TH AVENUE NORTH

City-St-Zip: SAINT PETERSBURG, FL 33710 City-St-Zip: SAINT PETERSBURG, FL 33709

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 CRANMER, ANGEL
 Name:
 CONARD, TODD

 Address:
 3198 - 56TH ST. N.
 Address:
 6101 37TH AVENUE NORTH

City-St-Zip: SAINT PETERSBURG, FL 33710 City-St-Zip: SAINT PETERSBURG, FL 33710

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 BLACKWELL, HEATHER
 Name:
 GARRAND, CAROLYN

 Address:
 5340 43RD TERR N
 Address:
 5500 52ND AVENUE NORTH

 City-St-Zip:
 SAINT PETERSBURG, FL 33709
 City-St-Zip:
 KENNETH CITY, FL 33709

Name: CRANE, JOHN Name: WESTLUND, LORI

Address: 10632 BLOSSOM LAKE DR Address: 7073 35TH TERRACE NORTH City-St-Zip: SAINT PETERSBURG, FL 33710

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: TOM STATON PD 04/20/2006