


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008303

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



Principal Place of Business: **4940 62ND STREET NORTH ST PETERSBURG, FL 33709**

Mailing Address: **PO BOX 2934 PINELLAS PARK, FL 33780-2934**



DO NOT WRITE IN THIS SPACE

04192005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-3699861** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**CALHOUN, FAY I
 6595 59TH LANE NORTH
 PINELLAS PARK, FL 33781**

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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: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DECCICIO, CHERYL
STREET ADDRESS	3385 5443 58N.
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710
TITLE	D
NAME	HEVEL, PAULA K
STREET ADDRESS	6347 57TH AVENUE NORTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33709
TITLE	CEO
NAME	CALHOUN, FAY
STREET ADDRESS	6595 59TH LANE NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	D
NAME	CALHOUN, ROBERT
STREET ADDRESS	6595 59TH LANE NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/29/05-80127-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Fay I. Calhoun 4/29/05 722-528-2686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #