


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000008303**  
 1. Entity Name  
**DIXIE HOLLINS HIGH SCHOOL FOOTBALL BOOSTERS, INC.**



Principal Place of Business      Mailing Address  
**4940 62ND STREET NORTH**      **PO BOX 2934**  
**ST PETERSBURG, FL 33709**      **PINELLAS PARK, FL 33780-2934**

**DO NOT WRITE IN THIS SPACE**



04282008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3699861</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2008**

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

10. OFFICERS AND DIRECTORS

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

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 05/27/08-80065-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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      Fay I. Calhoun 4/28/08 727-544-5020  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #