

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008303

FILED
Apr 26, 2009
Secretary of State

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

Current Principal Place of Business:

4940 62ND STREET NORTH
ST PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

PO BOX 2934
PINELLAS PARK, FL 337802934

New Mailing Address:

FEI Number: 59-3699861

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: DECCICIO, CHERYL
Address: 3385 5443 58N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D () Delete
Name: HEVEL, PAULA K
Address: 6347 57TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: CEOD () Delete
Name: CALHOUN, FAY
Address: 6595 59TH LANE NORTH
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: CALHOUN, ROBERT
Address: 6595 59TH LANE NORTH
City-St-Zip: PINELLAS PARK, FL 33781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: FAY I. CALHOUN

CEOD

04/26/2009

Electronic Signature of Signing Officer or Director

Date