

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90096 002 \*\*\*\*61.25

<b>DOCUMENT # N02000002569</b>					
<b>1. Entity Name</b> DURANT HIGH SCHOOL ATHLETIC BOOSTERS CLUB, INC.					
<b>Principal Place of Business</b> 8383 TURKEY CREEK RD PLANT CITY, FL 33567			<b>Mailing Address</b> 8383 TURKEY CREEK RD PLANT CITY, FL 33567		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>4. FEI Number</b> NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
GREEN, CARL DURANT HIGH SCHOOL 8383 TURKEY CREEK RD. PLANT CITY, FL 33567			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD <b>NAME</b> CARTER, MATT <b>STREET ADDRESS</b> 441158 DRAWDY RD <b>CITY-ST-ZIP</b> PLANT CITY, FL 33567	<input type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> NOLA, LEWIS <b>STREET ADDRESS</b> 5920 WEST FARKAS RD <b>CITY-ST-ZIP</b> PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> S <b>NAME</b> CARTER, KAREN <b>STREET ADDRESS</b> 2555 HIGHWAY 60 EAST <b>CITY-ST-ZIP</b> VALRICO, FL 33594	<input type="checkbox"/> Delete				
<b>TITLE</b> VD <b>NAME</b> MITCHELL, SONIA <b>STREET ADDRESS</b> 4411 S DRAWDY RD <b>CITY-ST-ZIP</b> PLANT CITY, FL 33567	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VD <b>NAME</b> CANNON, MARY <b>STREET ADDRESS</b> 8383 TURKEY CREEK RD <b>CITY-ST-ZIP</b> PLANT CITY, FL 33567	<input type="checkbox"/> Delete				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> CARTER, MATT <b>STREET ADDRESS</b> 2103 COLEWOOD LN <b>CITY-ST-ZIP</b> DOVER, FL 33527	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> TD <b>NAME</b> NICHOLSON, DEBRA <b>STREET ADDRESS</b> 3026 CUNARD DR. <b>CITY-ST-ZIP</b> VALRICO, FL 33594	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> S <b>NAME</b> CARTER, KAREN <b>STREET ADDRESS</b> 2103 COLEWOOD LN. <b>CITY-ST-ZIP</b> DOVER, FL 33527	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VD <b>NAME</b> ROSS, JAYNE <b>STREET ADDRESS</b> 2126 JAUDON RD. <b>CITY-ST-ZIP</b> DOVER, FL 33527	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> <u>E. Matthew Carter</u> <b>E. MATTHEW CARTER</b> <u>3-1-06</u> <u>813-951-7991</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					