

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N02000006314

Entity Name: FROSTPROOF BULLDOG BOOSTERS, INC.

**Current Principal Place of Business:**

118 E WALL ST  
FROSTPROOF, FL 33843

**New Principal Place of Business:**

**Current Mailing Address:**

118 E WALL ST  
FROSTPROOF, FL 33843

**New Mailing Address:**

FEI Number: 59-2573467      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HIGGINBOTTOM, DAVID B  
118 E WALL ST  
FROSTPROOF, FL 33843

**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: PD ( ) Delete  
Name: DYER, JACK  
Address: 6670 W BERAH  
City-St-Zip: FT MEADE, FL 33841

Title: VD ( ) Delete  
Name: WILLIAMS, DON  
Address: 1215 PINE ST  
City-St-Zip: FROSTPROOF, FL 33843

Title: TD ( ) Delete  
Name: SCARBOROUGH, BEN  
Address: 334 W F ST  
City-St-Zip: FROSTPROOF, FL 33843

Title: SD ( ) Delete  
Name: HEATH, STELLA  
Address: 147 RAINBOW BLVD  
City-St-Zip: BABSON PARK, FL 33827

**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 for the exemption stated in Section 119.07(3)(i), 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: STELLA HEATH

SD

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date