


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006314

1. Entity Name
FROSTPROOF BULLDOG BOOSTERS, INC.



Principal Place of Business
**118 E WALL ST
 FROSTPROOF, FL 33843**

Mailing Address
**118 E WALL ST
 FROSTPROOF, FL 33843**

DO NOT WRITE IN THIS SPACE



07202005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2573467	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 September 7, 2005**

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

**U00000374644
 07/27/05-80001-013 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DYER, JACK 6670 W BERAH FT MEADE, FL 33841
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WILLIAMS, DON 1215 PINE ST FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCARBOROUGH, BEN 334 W F ST FROSTPROOF, FL 33843
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HEATH, STELLA 147 RAINBOW BLVD BABSON PARK, FL 33827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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)(i), 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: *James B. Sel...* **7/23/05** **863-632-0637**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #