

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 25, 2006
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 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: PD () Delete
Name: DYER, JACK
Address: 6670 W BERAH
City-St-Zip: FT MEADE, FL 33841

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STRAUB, KEITH
Address: 3849 S.R. 60 E
City-St-Zip: LAKE WALES, FL 33898

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

Title: TD (X) Change () Addition
Name: HURST, MICHELLE
Address: 3353 S SCENIC HWY.
City-St-Zip: BABSON PARK, FL 33827

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 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: KEITH STRAUB

PD

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date