


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90052 023 \*\*\*\*61.25

**DOCUMENT # N02000006314**

1. Entity Name  
**FROSTPROOF BULLDOG BOOSTERS, INC.**



40021504



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

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

2. Principal Place of Business - No P.O. Box #  
**335 SCENIC HWY**

3. Mailing Address  
**PO BOX 232**

Suite, Apt. #, etc.  
~~BABSON PARK~~

02012007 Chg-NP CR2E037 (12/06)

City & State  
**BABSON PARK, FL**

City & State  
**FROSTPROOF, FL**

Zip  
**33827** Country **USA**

Zip  
**33843** Country **USA**

4. FEI Number  
**59-2573467**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**MICHELLE HURST**

Street Address (P.O. Box Number is Not Acceptable)  
**335 SCENIC HWY**

City  
**BABSON PARK** **FL** Zip Code  
**33827**

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 *Michelle G. Hurst* **TREASURER** **2/12/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAUB, KEITH 3849 S.R. 60 E LAKE WALES, FL 33898	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HURST, MICHELLE 3353 S SCENIC HWY. BABSON PARK, FL 33827	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Michelle G. Hurst* **2/12/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #