


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000006314 1. Entity Name FROSTPROOF BULLDOG BOOSTERS, INC.	
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Principal Place of Business 335 SCENIC HWY BABSON PARK, FL 33827	Mailing Address PO BOX 232 FROSTPROOF, FL 33843
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DO NOT WRITE IN THIS SPACE



06172008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

HURST, MICHELLE
335 SCENIC HWY
BABSON PARK, FL 33827

**DO NOT WRITE
IN THIS SPACE**

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* 6/25/08
Signature, typed printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000958133 08/21/08-80005-005 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAUB, KEITH 3849 S.R. 60 E LAKE WALES, FL 33898
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HURST, MICHELLE 3353 S SCENIC HWY. BABSON PARK, FL 33827
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IN THIS SPACE**

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* 6/25/08 863-676-7981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #