

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006314

FILED  
Feb 12, 2009  
Secretary of State

Entity Name: FROSTPROOF BULLDOG BOOSTERS, INC.

**Current Principal Place of Business:**

335 SCENIC HWY  
BABSON PARK, FL 33827

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 232  
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:**

HURST, MICHELLE  
335 SCENIC HWY  
BABSON PARK, FL 33827 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: STRAUB, KEITH  
Address: 3849 S.R. 60 E  
City-St-Zip: LAKE WALES, FL 33898

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HURST, STEWART  
Address: 335 SCENIC HWY  
City-St-Zip: BABSON PARK, FL 33827

Title: TD (X) Change ( ) Addition  
Name: HURST, MICHELLE  
Address: 335 SCENIC HWY  
City-St-Zip: BABSON PARK, FL 33827

Title: SD ( ) Change (X) Addition  
Name: WISE, CINDY  
Address: 809 CR630  
City-St-Zip: FROSTPROOF, FL 33843

Title: VPD ( ) Change (X) Addition  
Name: GILL, DANIEL  
Address: 3815 COUNTRY OAKS LANE  
City-St-Zip: LAKE WALES, FL 33859

I hereby certify that the information supplied with this filing does not qualify 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: STEWART HURST

PD

02/12/2009

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

\_\_\_\_\_  
Date