

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90270 022 ****70.00

DOCUMENT # N04000006574					
1. Entity Name DIXIE HOLLINS HIGH SCHOOL BASKETBALL BOOSTER CLUB, INC.				Principal Place of Business 4940 62ND STREET NORTH ST. PETERSBURG, FL 33709	
Mailing Address 5756 CALAIS BOULEVARD N. #5 ST. PETERSBURG, FL 33714				2. Principal Place of Business Suite, Apt. #, etc.	
3. Mailing Address P.O. Box 28103 Suite, Apt. #, etc.				City & State KENNETH CITY, FL	
City & State KENNETH CITY, FL		Zip 33709		Country USA	
6. Name and Address of Current Registered Agent HOCKER, ALTON 4556 CORTEZ DRIVE S. ST. PETERSBURG, FL 33714				7. Name and Address of New Registered Agent Name: CHRISTINE SICKLES Street Address (P.O. Box Number is Not Acceptable): 5125 - 70th ST. N. City: ST. PETERSBURG FL Zip Code: 33709	
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 <u>Christine Sickles, CHRISTINE SICKLES, VICE PRESIDENT</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <u>4.24.05</u>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME HOCKER, ALTON STREET ADDRESS 4556 CORTEZ DRIVE S. CITY-ST-ZIP ST. PETERSBURG, FL 33712	<input checked="" type="checkbox"/> Delete		TITLE D NAME RANDY REYNOLDS STREET ADDRESS 6430 - 65th ST. N. CITY-ST-ZIP PINELLAS PARK, FL 33781	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HYND, CAROL STREET ADDRESS 3920 29TH STREET NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33714	<input checked="" type="checkbox"/> Delete		TITLE D NAME CHRISTINE SICKLES STREET ADDRESS 5125 - 70th ST. N. CITY-ST-ZIP ST. PETERSBURG, FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MOORE, BRUCE SR. STREET ADDRESS 2411 BURNETON AVENUE CITY-ST-ZIP ST. PETERSBURG, FL 33713	<input checked="" type="checkbox"/> Delete		TITLE D NAME PAULINE COLSTOCK STREET ADDRESS 4351 ELKCAM BLVD. S.E. CITY-ST-ZIP ST. PETERSBURG, FL 33705	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SPARKS, ERICA STREET ADDRESS 7599 15TH STREET N. CITY-ST-ZIP ST. PETERSBURG, FL 33702	<input type="checkbox"/> Delete		TITLE D NAME NORTFLEET, PATRICIA STREET ADDRESS P.O. BOX 12421 CITY-ST-ZIP ST. PETERSBURG, FL 33733	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME IACOPELLI, JILL A STREET ADDRESS 5248 61ST WAY NORTH CITY-ST-ZIP KENNETH CITY, FL 33709	<input checked="" type="checkbox"/> Delete		TITLE D NAME NORTFLEET, PATRICIA STREET ADDRESS P.O. BOX 12421 CITY-ST-ZIP ST. PETERSBURG, FL 33733	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Christine Sickles, CHRISTINE SICKLES</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>4.24-05</u> Daytime Phone # <u>727-464-3554</u>	