


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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 28103 Suite, Apt. #, etc.
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City & State KENNETH CITY, FL	4. FEI Number 20-1596122	Applied For <input type="checkbox"/> Not Applicable
Zip 33709	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



01242005 Chg-NP CR2E037 (10/03)

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	
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City & State	4. FEI Number	Applied For
City & State	20-1596122	<input type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired
33709	USA	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

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: Christine Sickles, CHRISTINE SICKLES, VICE PRESIDENT DATE: 4.24.05

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

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOCKER, ALTON 4556 CORTEZ DRIVE S. ST. PETERSBURG, FL 33712 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYNDS, CAROL 3920 29TH STREET NORTH ST. PETERSBURG, FL 33714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, BRUCE SR. 2411 BURNETON AVENUE ST. PETERSBURG, FL 33713 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPARKS, ERICA 7599 15TH STREET N. ST. PETERSBURG, FL 33702 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTFLEET, PATRICIA P.O. BOX 12421 ST. PETERSBURG, FL 33733 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IACOPELLI, JILL A 5248 61ST WAY NORTH KENNETH CITY, FL 33709 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDY REYNOLDS 6430 - 65th ST. N. PINELLAS PARK, FL 33781 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTINE SICKLES 5125 - 70th ST. N. ST. PETERSBURG, FL 33709 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAULINE COLSTOCK 4351 ELKCAM BLVD. S.E. ST. PETERSBURG, FL 33705 <input type="checkbox"/> Change <input checked="" 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 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: Christine Sickles, CHRISTINE SICKLES DATE: 4.24.05 DAYTIME PHONE: 727-464-3554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR