

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2006
Secretary of State**

DOCUMENT# N04000006574

Entity Name: DIXIE HOLLINS HIGH SCHOOL BASKETBALL BOOSTER CLUB, INC.

Current Principal Place of Business:

4940 62ND STREET NORTH
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

P O BOX 28103
SAINT PETERSBURG, FL 33709

New Mailing Address:

FEI Number: 20-1596122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SICKLES, CHRISTINE
5125 70TH STREET N
SAINT PETERSBURG, FL 33709 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: D () Delete
Name: REYNOLDS, RANDY
Address: 6430 65TH STREET N
City-St-Zip: PINELLAS PARK, FL 33781

Title: D () Delete
Name: SICKLES, CHRISTINE
Address: 5125 70TH STREET NORTH
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: D () Delete
Name: COLSTOCK, PAULINE
Address: 4381 ELKCAM BLVD SE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D () Delete
Name: SPARKS, ERICA
Address: 7599 15TH STREET N.
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTINE SICKLES

D

04/30/2006

Electronic Signature of Signing Officer or Director

_____ Date