

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N40472 (5)

1. Corporation Name

UMATILLA BULLDOG BOOSTERS, INC.



Principal Place of Business

P.O. BOX 1007  
UMATILLA FL 32784

Mailing Address

P.O. BOX 1007  
UMATILLA FL 32784

3. Date Incorporated or Qualified  
10/22/1990

3a. Date of Last Report  
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
59-3039403

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HASLEY, DOUGLAS  
276 SOUTH CENTRAL AVE  
UMATILLA FL 32784

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office for registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Douglas Hasley*

VP, Director Douglas Hasley

April 11, 1996

Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☒ DELETE  
NAME MERRILL, JIMMY  
STREET ADDRESS 610 FLETCHER ROAD  
CITY-ST-ZIP UMATILLA FL

1.1 TITLE TD ☒ Change ☐ Addition  
1.2 NAME Purvis, Karen  
1.3 STREET ADDRESS 51 Highland Avenue  
1.4 CITY-ST-ZIP Umatilla, FL

TITLE SD ☒ DELETE  
NAME BUCHANAN, KAY  
STREET ADDRESS 500 PARK AVE  
CITY-ST-ZIP UMATILLA FL

2.1 TITLE SD ☒ Change ☐ Addition  
2.2 NAME Stephenson, Donna  
2.3 STREET ADDRESS P. O. Box 1004  
2.4 CITY-ST-ZIP Umatilla, FL

TITLE VPD ☒ DELETE  
NAME HANNA, DAVID  
STREET ADDRESS 85 SOUTH PINE AVE  
CITY-ST-ZIP UMATILLA FL

3.1 TITLE VPD ☒ Change ☐ Addition  
3.2 NAME Hasley, Douglas  
3.3 STREET ADDRESS 276 South Central Avenue  
3.4 CITY-ST-ZIP Umatilla, FL

TITLE PD ☒ DELETE  
NAME HASLEY, DOUGLAS  
STREET ADDRESS 276 SOUTH CENTRAL AVENUE  
CITY-ST-ZIP UMATILLA FL

4.1 TITLE PD ☒ Change ☐ Addition  
4.2 NAME Hall, Steve  
4.3 STREET ADDRESS 516 Guerrant Street  
4.4 CITY-ST-ZIP Umatilla, FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Douglas Hasley*  
Douglas Hasley  
VP/Director

April 11, 1996 (352) 669-2146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

564-27-96

CR2E037 (12/95)