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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N40472
 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/22/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3039403
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent HASLEY, DOUGLAS 276 SOUTH CENTRAL AVE UMATILLA FL 32784	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 or 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	Vice-President V-D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PURVIS, KAREN	1.2 NAME	Teena Stonelky
STREET ADDRESS	51 HIGHLAND AVE	1.3 STREET ADDRESS	40440 W. 8th Ave
CITY-ST-ZIP	UMATILLA FL	1.4 CITY-ST-ZIP	umatilla, FL 32784
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEPHENSON, DONNA	2.2 NAME	Joy meeki li
STREET ADDRESS	116143 WILSON PARRISH RD.	2.3 STREET ADDRESS	40016 W. Ninth Ave
CITY-ST-ZIP	UMATILLA FL 32784	2.4 CITY-ST-ZIP	umatilla, Fl. 32784
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	HALL, STEVE	3.2 NAME	
STREET ADDRESS	516 GUERRABT ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL	3.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	HITCHCOCK, RUDY	4.2 NAME	
STREET ADDRESS	40612 FLETCHER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	UMATILLA FL 32784	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Karen S. Purvis SIGNATURE REQUIRED: Asuna 4/12/99 352-589-717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

Karen S. Purvis TREASURER
 Karen S. Purvis

CR2E037 (1/198)

LIST OF OFFICERS

PRESIDENT : STEVE HALL
516 GUERRANT ST
UMATILLA, FL 32784

VICE-PRES: TEENA STONEKING
40440 WEST 8TH AVE
UMATILLA, FL 32784

TREASURES: KAREN PURVIS
51 HIGHLAND AVE
UAMTILLA, FL 32784

SECRETARY: JOY MERRILL
40016 WEST 9TH AVE
UMATILLA, FL 32784

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