

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 # N46003 (2)

1. Corporation Name

ZEPHYRHILLS BULLDOGS BOOSTER CLUB, INC.



Principal Place of Business

P.O. BOX 808
ZEPHYRHILLS FL 33539

Mailing Address

P.O. BOX 808
ZEPHYRHILLS FL 33539

3. Date Incorporated or Qualified
11/14/1991

3a. Date of Last Report
09/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSA, LINDA
4749 16TH STREET
ZEPHYRHILLS FL 33540

FRITZ, DAVID
5700 WEDGEFIELD DRIVE
ZEPHYRHILLS, FL 33540

81

Name FRITZ, DAVID

82

Street Address (P.O. Box Number is Not Acceptable)
5700 WEDGEFIELD DR.

83

84

City ZEPHYRHILLS, FL.

FL

85

Zip Code 33541

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

6/3/96

12. OFFICERS AND DIRECTORS

TITLE	PD & D	<input checked="" type="checkbox"/> DELETE
NAME	ROSA, LINDA FRITZ, DAVID	
STREET ADDRESS	4749 16TH ST 5700 WEDGEFIELD DR.	
CITY - ST - ZIP	ZEPHYRHILLS FL ZEPHYRHILLS, FL. 33541	
TITLE	VD & D	<input checked="" type="checkbox"/> DELETE
NAME	FRITZ, DAVID DON EISENBROWN	
STREET ADDRESS	5700 WEDGEFIELD DR 27364 GOLF COURSE LOOP	
CITY - ST - ZIP	ZEPHYRHILLS FL WESLEY CHAPEL, FL 33544	
TITLE	TD & D	<input type="checkbox"/> DELETE
NAME	SCHEUERMAN, BRUCE	
STREET ADDRESS	38929 CAMBRIDGE DR.	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	S & D	<input checked="" type="checkbox"/> DELETE
NAME	FRITZ, M. PATRICIA ELAINE CLAWSNITZER	
STREET ADDRESS	5700 WEDGEFIELD DR 29316 LAUGHRIDGE PL	
CITY - ST - ZIP	ZEPHYRHILLS FL WESLEY CHAPEL, FL 33544	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRES. & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	FRITZ, DAVID	
13 STREET ADDRESS	5700 WEDGEFIELD DR.	
14 CITY - ST - ZIP	ZEPHYRHILLS, FL. 33541	
21 TITLE	EISENBROWN, DON V.P. & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	27364 GOLF COURSE LOOP	
23 STREET ADDRESS	WESLEY CHAPEL, FL. 33541	
24 CITY - ST - ZIP		
31 TITLE	REAS. & D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SCHEUERMAN, BRUCE	
33 STREET ADDRESS	38929 CAMBRIDGE DR.	
34 CITY - ST - ZIP	ZEPHYRHILLS, FL. 33540	
41 TITLE	SEC. & D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CLAWSNITZER, ELAINE	
43 STREET ADDRESS	29316 LAUGHRIDGE PL.	
44 CITY - ST - ZIP	WESLEY CHAPEL, FL. 33544	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

Bank deposit \$ 61.25

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/96

813-782-1800

CS 7/16/96

CR2E037 (12/95)