

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N51182 (6)**

1. Corporation Name  
**DIXIE HOLLINS BAND BOOSTERS, INC.**



Principal Place of Business: **4940 - 62 STREET N. ST. PETERSBURG FL 33709**  
 Mailing Address: **C/O GENEVA FARRELL 6922 62ND AVE. PINELLAS PARK FL 34665-4931**

3. Date Incorporated or Qualified: **10/07/1992**  
 3a. Date of Last Report: **06/28/1995**  
 4. FEI Number: **59-6612116**  
 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

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**FARRELL, GENEVA  
 6922 - 62ND AVENUE NORTH  
 PINELLAS PARK FL 34665**

10. Name and Address of New Registered Agent  
 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 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: *Judy Boobyer, President* DATE: **7-3-96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FARRELL, GENEVA	
STREET ADDRESS	7210 - 57 AVE N	
CITY - ST - ZIP	ST. PETERSBURG FL 33709	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NIELSON, CINDY	
STREET ADDRESS	7025 ORKNEY AVE N	
CITY - ST - ZIP	ST PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOOBYER, JUDY	
STREET ADDRESS	7676 HASTING CY	
CITY - ST - ZIP	ST. PETERSBURG FL 33709	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEELE, DONNA	
STREET ADDRESS	5801-26 AVE. N.	
CITY - ST - ZIP	ST. PETERSBURG FL 33710	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEAN, ED	
STREET ADDRESS	5801 65 TERR N	
CITY - ST - ZIP	PINELLAS PARK FL 34665	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMONCINI, JERRY	
STREET ADDRESS	6488 31 TERR N	
CITY - ST - ZIP	ST. PETERSBURG FL 33710	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Farrell, Geneva	
1.3 STREET ADDRESS	7210 - 57 Avenue North	
1.4 CITY - ST - ZIP	St. Petersburg, FL 33709	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Neilson, Cindy	
2.3 STREET ADDRESS	7025 Orkney Avenue North	
2.4 CITY - ST - ZIP	St. Petersburg, FL 33709	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Boobyer, Judy	
3.3 STREET ADDRESS	7676 HASTING CT.	
3.4 CITY - ST - ZIP	St. Petersburg, FL 33709	
4.1 TITLE	Sr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pruitt Kim	
4.3 STREET ADDRESS	8844 Pinehurst Drive	
4.4 CITY - ST - ZIP	Seminole, FL 32777	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Judy Boobyer, President* DATE: **7-3-96** Daytime Phone #: **813 546-1974**

CR2E037 (3/96)