


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90034 004 ****61.25

DOCUMENT # N51182

1. Entity Name
DIXIE HOLLINS BAND BOOSTERS, INC.




Principal Place of Business
 4940 - 62 STREET N.
 ST. PETERSBURG, FL 33709

Mailing Address
 P O BOX 28324
 KENNETH CITY, FL 33709

04013337

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01292004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6612116 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHAER, CYNTHIA
6651 34TH AVENUE NORTH
SAINT PETERSBURG, FL 33710

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURR, LINDA		NAME	Schaer, Cynthia L.	
STREET ADDRESS	6472 34TH AVE. NORTH		STREET ADDRESS	6651 34th Ave. N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP	St. Petersburg, FL 33710	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAUSCHT, GENI		NAME	Kirschner, Christine	
STREET ADDRESS	6101-33 AVENUE NORTH		STREET ADDRESS	5972 63rd Ave.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRAUSCHT, PETER		NAME	Welter, Elizabeth T.	
STREET ADDRESS	6101 33RD AVENUE NORTH		STREET ADDRESS	6482 41st Ave. N.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP	St. Petersburg, FL 33709	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHAER, CYNTHIA		NAME	Rousseau, Linda	
STREET ADDRESS	6651 34 AVE. NO.		STREET ADDRESS	7830 47th St.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33710		CITY-ST-ZIP	Pinellas Park, FL 33781	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth T. Welter* **2-25-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #