

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90019 017 ****61.25

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05242005 Chg-NP CR2E037 (10/03)

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-6612116		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHAER, CYNTHIA 6651 34TH AVENUE NORTH SAINT PETERSBURG, FL 33710		Name Janice Watkins Street Address (P.O. Box Number is Not Acceptable) 3521 74th St. N City St. Petersburg FL Zip Code 33710	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME SCHAEER, CYNTHIA L STREET ADDRESS 6651 34TH AVE. N. CITY-ST-ZIP SAINT PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Vicki Downey STREET ADDRESS 7725 64th Way N CITY-ST-ZIP Pinellas Park FL 33781	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME KIRSCHNER, CHRISTINE STREET ADDRESS 5972 63RD AVE. CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME WELTER, ELIZABETH T STREET ADDRESS 6482 41ST AVE. N CITY-ST-ZIP SAINT PETERSBURG, FL 33709	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Janice Watkins STREET ADDRESS 3521 74th St. N. CITY-ST-ZIP St. Petersburg FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME ROUSSEAU, LINDA STREET ADDRESS 7830 47TH ST. CITY-ST-ZIP PINELLAS PARK, FL 33781	<input checked="" type="checkbox"/> Delete	TITLE SO NAME Jennifer Baur STREET ADDRESS 5410 68th Way N Apt A CITY-ST-ZIP St. Petersburg FL 33709	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Janice Watkins</u>		Date: 5-25-05 Daytime Phone #: 927-459-8030	