

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/08: \$750 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: \$900)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL -7 AM 8:46

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # N94000002427 (2)

1. Corporation Name

DHS ATHLETIC BOOSTERS, INC.

Principal Place of Business

Mailing Address

10055 SW 180 AVE RD
 DUNNELLON FL 34432

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 DUNNELLON FL 34432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

05/10/1994

4. FEI Number

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, MICHAEL A
 11875 CEDAR ST
 DUNNELLON FL 34431

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: D
 NAME: SMITH, MICHAEL A
 STREET ADDRESS: 11875 CEDAR ST
 CITY-ST-ZIP: DUNNELLON FL 34431

1.1 TITLE: V.P. - D Change Addition
 1.2 NAME: GARY STENZEL
 1.3 STREET ADDRESS: 6888 SW 97th PL
 1.4 CITY-ST-ZIP: DCALA, FL 34476

TITLE: D
 NAME: LOVE, JIM
 STREET ADDRESS: 12084 S WILLIAMS ST
 CITY-ST-ZIP: DUNNELLON FL 34431

2.1 TITLE: S - D Change Addition
 2.2 NAME: BECKY PURDY
 2.3 STREET ADDRESS: 4251 SW SHASTA CT.
 2.4 CITY-ST-ZIP: DUNNELLON FL 34431

TITLE: D
 NAME: NANCY CHARBONNAEU
 STREET ADDRESS: 4701 SW 183RD TERR.
 CITY-ST-ZIP: DUNNELLON FL 34432

3.1 TITLE: T - D Change Addition
 3.2 NAME: NANCY CHARBONNAEU
 3.3 STREET ADDRESS: 4701 SW 183RD TERR.
 3.4 CITY-ST-ZIP: DUNNELLON FL 34432

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY-ST-ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY-ST-ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

6.1 TITLE: Change 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: EDWARD J. LOVE JR.
 Edward J. Love Jr.

6/20/95

904 489-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/95)