

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000002427 (2)**

1. Corporation Name

**DHS ATHLETIC BOOSTERS, INC.**



Principal Place of Business <b>10055 SW 180 AVE RD DUNNELLON FL 34432</b>	Mailing Address <b>10055 SW 180 AVE RD DUNNELLON FL 34432</b>
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3. Date Incorporated or Qualified <b>05/10/1994</b>	3a. Date of Last Report <b>07/07/1995</b>
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
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4. FEI Number <b>APPLIED FOR - 59-3330808</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, MICHAEL A  
11875 CEDAR ST  
DUNNELLON FL 34431**

10. Name and Address of New Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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		DELETED
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>SMITH, MICHAEL A</b>	
STREET ADDRESS	<b>11875 CEDAR ST</b>	
CITY - ST - ZIP	<b>DUNNELLON FL 34431</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>LOVE, JIM</b>	
STREET ADDRESS	<b>12084 S WILLIAMS ST</b>	
CITY - ST - ZIP	<b>DUNNELLON FL 34431</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/>
NAME	<b>STENZEL, GARY</b>	
STREET ADDRESS	<b>6888 SW 97TH PLACE</b>	
CITY - ST - ZIP	<b>OCALA FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>PURDY, BECKY</b>	
STREET ADDRESS	<b>4251 SW SHASTA CT</b>	
CITY - ST - ZIP	<b>DUNNELLON FL</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/>
NAME	<b>CHARBONNEAU</b>	
STREET ADDRESS	<b>4701 SW 183RD TERRACE</b>	
CITY - ST - ZIP	<b>DUNNELLON FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<b>TD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>Inzell, Roxie</b>		
5.3 STREET ADDRESS	<b>1350 N.W. 120th AVE.</b>		
5.4 CITY - ST - ZIP	<b>OCALA, FL 34482</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.** 1/14/96 (352) 489-2550

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time

CR2E037 (12/95)