


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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 34432-4424</b>
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3. Date Incorporated or Qualified <b>05/10/1994</b>		3a. Date of Last Report <b>04/19/1996</b>	
21. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3330808</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>SMITH, MICHAEL A 11875 CEDAR ST DUNNELLON FL 34431</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, MICHAEL A</b>	1.2 NAME	<b>Smi</b>
STREET ADDRESS	<b>11875 CEDAR ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LOVE, JIM</b>	2.2 NAME	<b>Wooten, Randall P</b>
STREET ADDRESS	<b>12084 S WILLIAMS ST</b>	2.3 STREET ADDRESS	<b>11536 Vogt Springs Rd</b>
CITY-ST-ZIP	<b>DUNNELLON FL 34431</b>	2.4 CITY-ST-ZIP	<b>Dunnellon, FL 34431</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STENZEL, GARY</b>	3.2 NAME	<b>Graham, Mike</b>
STREET ADDRESS	<b>6888 SW 97TH PLACE</b>	3.3 STREET ADDRESS	<b>81086 Raintree ST</b>
CITY-ST-ZIP	<b>OCALA FL</b>	3.4 CITY-ST-ZIP	<b>Dunnellon, FL 34431</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PURDY, BECKY</b>	4.2 NAME	<b>Slattery, Darlene</b>
STREET ADDRESS	<b>4251 SW SHASTA CT</b>	4.3 STREET ADDRESS	<b>PO Box 1184</b>
CITY-ST-ZIP	<b>DUNNELLON FL</b>	4.4 CITY-ST-ZIP	<b>Ingles, FL 34449</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>INKELL, ROXIE</b>	5.2 NAME	
STREET ADDRESS	<b>1350 NW 120TH AVANUE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OCALA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 \_\_\_\_\_

CR2E037 (9/96)