

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 02, 2004
Secretary of State**

DOCUMENT# N94000002427

Entity Name: DHS ATHLETIC BOOSTERS, INC.

Current Principal Place of Business:

10055 SW 180 AVE RD
DUNNELLO, FL 34432

New Principal Place of Business:

Current Mailing Address:

10055 SW 180 AVE RD
DUNNELLO, FL 34432

New Mailing Address:

FEI Number: 59-3330808 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANNAH, KIMBERLY B
11722 MOCKINGBIRD DR
DUNNELLO, FL 34432 US

Name and Address of New Registered Agent:

NICHOLS, CAROL S
11893 N ELKCAM BLVD
DUNNELLO, FL 34433 US

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.

SIGNATURE: CAROL S NICHOLS 09/02/2004
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLAIN, CHERISE
Address: 20947 RIVER DRIVE
City-St-Zip: DUNNELLO, FL 34431

Title: TD () Delete
Name: HANNAH, KIMBERLY
Address: 11722 MOCKINGBIRD DR
City-St-Zip: DUNNELLO, FL 34432

Title: SD () Delete
Name: STONE, DIXIE
Address: 4525 SW 162ND TERRACE
City-St-Zip: Ocala, FL 34481

Title: VPD () Delete
Name: WILLIAMS, ROBERT
Address: 23441 SW 118TH ST
City-St-Zip: DUNNELLO, FL 34431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MITCHELL, KENT
Address: 21101 SW PLANTATION STREET
City-St-Zip: DUNNELLO, FL 34431

Title: TD (X) Change () Addition
Name: NICHOLS, CAROL S
Address: 11893 N ELKCAM BLVD
City-St-Zip: DUNNELLO, FL 34433

Title: SD (X) Change () Addition
Name: GRAMLICH, STEFANIE
Address: 11523 PALM STREET
City-St-Zip: DUNNELLO, FL 34431

Title: VPD (X) Change () Addition
Name: DUNNING, CHRISTI
Address: 10620 SW 68TH TERRACE
City-St-Zip: Ocala, FL 34476

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL S NICHOLS TD 09/02/2004
Electronic Signature of Signing Officer or Director Date