


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90353 001 \*\*\*\*61.25

DOCUMENT # N94000002427  
1. Entity Name  
DHS ATHLETIC BOOSTERS, INC.



Principal Place of Business Mailing Address  
10055 SW 180 AVE RD 10055 SW 180 AVE RD  
DUNNELLON FL 34432 DUNNELLON FL 34432

00090500



1st MOORE CR2E037 (10/04)

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 59-3330808 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
NICHOLS, CAROL S  
11893 N ELKCAM BLVD  
DUNNELLON FL 34433

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
2981 W. DUNNELLON RD  
City DUNNELLON FL Zip Code 34433

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARKHAM, ROBERT	
STREET ADDRESS	643 S.W. 15TH STREET	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	<del>PD</del>	<input type="checkbox"/> Delete
NAME	NICHOLS, CAROL S	
STREET ADDRESS	<del>11893 N ELKCAM BLVD</del>	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>GRAMLICH, STEFANIE</del>	
STREET ADDRESS	<del>11523 PALM STREET</del>	
CITY-ST-ZIP	<del>DUNNELLON FL 34431</del>	
TITLE	<del>VPD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>SIBALD, ROGER</del>	
STREET ADDRESS	<del>6489 WEST KNOXVILLE LANE</del>	
CITY-ST-ZIP	<del>DUNNELLON FL 34433</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOL, CAROL S	
STREET ADDRESS	2981 W. DUNNELLON	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOVE, EDWARD J, JR.	
STREET ADDRESS	11620 CAMP DR	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Carol S. Nichols*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05 352-489-1008  
Date Daytime Phone #