

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002427

FILED  
Apr 17, 2009  
Secretary of State

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:**

2981 W. DUNNELLO RD  
DUNNELLO, FL 34433

FEI Number: 59-3330808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NICHOLS, CAROL S  
2981 W. DUNNELLO ROAD  
DUNNELLO, FL 34433 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAUCERI, ARTHUR M  
Address: 21245 PALATKA DR  
City-St-Zip: DUNNELLO, FL 34431

Title: TD ( ) Delete  
Name: NICHOLS, CAROL S  
Address: 2981 W. DUNNELLO  
City-St-Zip: DUNNELLO, FL 34433

Title: SD ( ) Delete  
Name: DODGE, CAROLYN  
Address: 9935 SW 206 CIRCLE  
City-St-Zip: DUNNELLO, FL 34431

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DODGE, JOHN  
Address: 9935 SW 206 CIRCLE  
City-St-Zip: DUNNELLO, FL 34431

Title: TD (X) Change ( ) Addition  
Name: NICHOLS, CAROL S  
Address: 2981 W. DUNNELLO RD  
City-St-Zip: DUNNELLO, FL 34433

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

04/17/2009

Electronic Signature of Signing Officer or Director

Date