

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90019 025 ****61.25

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1. Corporation Name

BLOODHOUND FOOTBALL BOOSTERS, INC.

Principal Place of Business

P.O. BOX 284
AUBURNDALE FL 33823

Mailing Address

P.O. BOX 284
AUBURNDALE FL 33823



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/26/1998

4. FEI Number

59-3523396

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PARRISH, DON
121 AUBURN ROAD
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME PORTER, TOM
STREET ADDRESS 234 CLINTON ST.
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE DS
NAME BENNET, KATHY
STREET ADDRESS 114 PERRY ST.
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE DT
NAME PARRISH, DON
STREET ADDRESS 121 AUBURN ROAD
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE D
NAME BENNETT, BRAD
STREET ADDRESS 114 PERRY ST.
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE D
NAME PARRISH, WANDA
STREET ADDRESS 121 AUBURN RD.
CITY-ST-ZIP AUBURNDALE FL 33823

TITLE D
NAME MORRIS, LAURA
STREET ADDRESS 3043 OLD DIXIE HWY
CITY-ST-ZIP AUBURNDALE FL 33823

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME KENNETH R HARRISON
1.3 STREET ADDRESS 310 BOLENDER ROAD
1.4 CITY-ST-ZIP AUBURNDALE FL 33823

2.1 TITLE DS
2.2 NAME BENNETT, KATHY
2.3 STREET ADDRESS 114 PERRY STREET
2.4 CITY-ST-ZIP AUBURNDALE, FL. 33823

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 10, 1998 941-967-3048

Date

Daytime Phone #

CR2E037 (11/98)