

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002977

FILED
Aug 02, 2004
Secretary of State**Entity Name:** BLOODHOUND FOOTBALL BOOSTERS, INC.**Current Principal Place of Business:**P.O. BOX 284
AUBURNDALE, FL 33823**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 284
AUBURNDALE, FL 33823**New Mailing Address:****FEI Number:** 59-3523396**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**O'NEAL, HARRY
828 ARIANA CIRCLE
AUBURNDALE, FL 33823 US**Name and Address of New Registered Agent:**KEY, JOSEPH
115 SHELBY STREET
AUBURNDALE, FL 33823 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: JOSEPH E KEY

08/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: KEY, JOE
Address: 115 SHELBY ST
City-St-Zip: AUBURNDALE, FL 33823

Title: DT () Delete
Name: O'NEAL, HARRY
Address: 828 ARIANA CIRCLE
City-St-Zip: AUBURNDALE, FL 33823

Title: PD () Delete
Name: CURRAN, MARK
Address: 136 ADAMS ST
City-St-Zip: AUBURNDALE, FL 33823

Title: D () Delete
Name: ANDERSON, BOBBY
Address: 550 PINNER CT
City-St-Zip: LAKE ALFRED, FL 33850

Title: D () Delete
Name: ANDERSON, TONY
Address: 186 WHITECLIFFE BLVD
City-St-Zip: AUBURNDALE, FL 33823

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change () Addition
Name: ANDERSON, CINDY
Address: 550 PINNER COURT
City-St-Zip: LAKE ALFRED, FL 33850

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

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

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

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: JOSEPH E KEY

DS

08/02/2004

Electronic Signature of Signing Officer or Director

Date