

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004693

FILED  
Jul 31, 2006  
Secretary of State

**Entity Name:** DUNEDIN HIGH SCHOOL CHEERLEADERS BOOSTERS, INC.

**Current Principal Place of Business:**

DUNEDIN HIGH SCHOOL  
1651 PINEHURST RD  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

DUNEDIN HIGH SCHOOL  
1651 PINEHURST RD  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 59-3532679      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SMITH, BONNIE S  
915 SANTA MONICA DR.  
DUNEDIN, FL 34698      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PT      ( ) Delete  
Name: SMITH, BONNIE S  
Address: 915 SANTA MONICA DR.  
City-St-Zip: DUNEDIN, FL 34698

Title: VT      ( ) Delete  
Name: WAY, BARBARA M  
Address: 1274 DAVIS RD  
City-St-Zip: DUNEDIN, FL 34698

Title: TT      ( ) Delete  
Name: JONES, SANDRA  
Address: 1519 GLADYS CIRCLE  
City-St-Zip: DUNEDIN, FL 34698

Title: ST      ( ) Delete  
Name: ELKINS, CINDY  
Address: 427 NORFOLK ST  
City-St-Zip: DUNEDIN, FL 346898

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

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

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 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: SANDRA JONES

TT

07/31/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date