

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90006 046 ****61.25

DOCUMENT # N98000006947

1. Entity Name
DUNEDIN HIGH SCHOOL GIRLS SOFTBALL BOOSTER CLUB, INC.



Principal Place of Business
1968 SPANISH OAKS DR S
PALM HARBOR, FL 34683

Mailing Address
1310 WILDWOOD CT
DUNEDIN, FL 34698

44052155



2. Principal Place of Business

P.O. Box 83
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 83
Suite, Apt. #, etc.

08112004 Chg-NP CR2E037 (10/03)

City & State

Dunedin FL

City & State

Dunedin FL

4. FEI Number
59-3676710

Applied For
Not Applicable

Zip
34697-0083

Country
USA

Zip
34697-0083

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORA, PATRICIA E
1968 SPANISH OAKS DR S
PALM HARBOR, FL 34683

7. Name and Address of New Registered Agent

Name
Connie Holmes

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

635 Howell Ct.

City
Dunedin

FL

Zip Code
34698

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

Connie Holmes
(NOTE: Registered Agent signature required when reinstating)

08-11-04
DATE

Filing Fee is \$61.25
Due by September 8, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	D CORA, PATRICIA 1968 SPANISH OAKS DR S PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, DEBORAH 1011 WEATHERSFIELD DR DUNEDIN, FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAISSON, CINDY 1140 MCFARLAND ST DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRUDELL, TERRY 161 NEW YORK AVE DUNEDIN, FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Connie Holmes 635 Howell Ct Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Kathy Malone 1145 FAIRWAY DR. Dunedin, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Connie Holmes Connie Holmes 08-11-04 727-712-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #