

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006947

FILED
Jan 20, 2006
Secretary of State

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

Current Principal Place of Business:

P.O. BOX 83
DUNEDIN, FL 346970083

New Principal Place of Business:

P.O. BOX 83
DUNEDIN, FL 346970083 US

Current Mailing Address:

P.O. BOX 83
DUNEDIN, FL 346970083

New Mailing Address:

FEI Number: 59-3676710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EHLERS, CHRIS
1660 COUNTRY LANE
DUNEDIN, FL 34698 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: P () Delete
Name: ELLERS, CHRIS
Address: 1660 COUNTRY LANE
City-St-Zip: DUNEDIN, FL 34698

Title: VP () Delete
Name: TURGEON, DONNA
Address: 550 HADLEY DR
City-St-Zip: PALM HARBOR, FL 34683

Title: S () Delete
Name: WEEKS, NANCY
Address: 800 TERRACE RD
City-St-Zip: DUNEDIN, FL 34698

Title: T () Delete
Name: CASON, WENDY
Address: 1235 ALHAMBRA CT
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: EHLERS, CHRIS
Address: 1660 COUNTRY LANE
City-St-Zip: DUNEDIN, FL 34698

Title: VP (X) Change () Addition
Name: TURGEON, DONNA
Address: 550 HADLEY DR
City-St-Zip: PALM HARBOR, FL 34683

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: WENDY S CASON

T

01/20/2006

Electronic Signature of Signing Officer or Director

Date