


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N98000006947	
1. Entity Name DUNEDIN HIGH SCHOOL GIRLS SOFTBALL BOOSTER CLUB, INC.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 28 PM 1:56

Principal Place of Business P.O. BOX 83 DUNEDIN, FL 34697-0083 US	Mailing Address P.O. BOX 83 DUNEDIN, FL 34697-0083
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2. Principal Place of Business 1651 Pinehurst Rd	3. Mailing Address 1651 Pinehurst Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08112006 Chg-NP CR2E037 (4/06)

City & State Dunedin FL	City & State Dunedin FL
Zip 34698	Zip 34698
Country USA	Country USA

4. FEI Number 59-3676710	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EHLERS, CHRIS 1660 COUNTRY LANE DUNEDIN, FL 34698	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES EHLERS, CHRIS 1660 COUNTRY LANE DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900079282388 08/30/06--01052--023 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TURGEON, DONNA 550 HADLEY DR PALM HARBOR, FL 34683 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP mary weech 772 Soundview Dr. Palm Harbor, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEEKS, NANCY 800 TERRACE RD DUNEDIN, FL 34698 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CASON, WENDY 1235 ALHAMBRA CT DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Donna Stefanos 950 Broadway Street # 303 Dunedin, FL 34698 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained 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 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: Chris Ehlers 8-26-06 727-204-2751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #