


**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90059 024 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N98000007226**

1. Corporation Name

**DUNEDIN HIGH SCHOOL TOUCHDOWN BOOSTER CLUB, INC.**

Principal Place of Business

1651 PINEHURST ROAD  
DUNEDIN FL 34698

Mailing Address

1651 PINEHURST ROAD  
DUNEDIN FL 34698

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	12/21/1998
22 City & State	27 City & State	4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DONOHUE, TODD  
1651 PINEHURST ROAD  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name	MARK EVERETT
82 Street Address (P.O. Box Number is Not Acceptable)	1651 PINEHURST ROAD
83	
84 City	DUNEDIN FL 85 Zip Code 34698

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Mark Everett*  
 Signature, typed or printed name of registered agent and title if applicable.

MARK EVERETT

(NOTE: Registered Agent signature required when reinstating)

FEB 16, 1999  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	BOB KRAMER
STREET ADDRESS		1.3 STREET ADDRESS	1215 DINNERBELL LN
CITY-ST-ZIP		1.4 CITY-ST-ZIP	DUNEDIN FLA 34698
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	SARAH BURE
STREET ADDRESS		2.3 STREET ADDRESS	1651 PINEHURST RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	TREASURER - D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	PHYLLIS RAY
STREET ADDRESS		3.3 STREET ADDRESS	1651 PINEHURST RD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DUNEDIN FL 34698
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Bob Kramer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Kramer

2-15-99

Date

813-286-0521

Daytime Phone #

CR2E037 (11/98)