

AMENDED

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$41.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 21 PM 2:45

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	
23 Zip		28 Zip		59-3580990	
25 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DONOHUE, TODD 1651 PINEHURST ROAD DUNEDIN FL 34698				81 Name	
				Everett, Mark	
				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 <i>[Signature]</i> DATE <i>Sept 12, 1999</i>					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE		
NAME			President/Director		
STREET ADDRESS			1.2 NAME		
CITY-ST-ZIP			Robert D. Kramer		
			1.3 STREET ADDRESS		
			1215 Dinnerbell Ln.		
			1.4 CITY-ST-ZIP		
			Dunedin, Florida 34698		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE		
NAME			Vice President/Director		
STREET ADDRESS			2.2 NAME		
CITY-ST-ZIP			Pat McCusker		
			2.3 STREET ADDRESS		
			1908 Sourwook Blvd.		
			2.4 CITY-ST-ZIP		
			Dunedin, Florida 34698		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE		
NAME			Secretary/Director		
STREET ADDRESS			3.2 NAME		
CITY-ST-ZIP			Sarah Bure		
			3.3 STREET ADDRESS		
			1856 LaGrande Drive		
			3.4 CITY-ST-ZIP		
			Dunedin, Florida 34698		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE		
NAME			Treasurer/Director		
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			Lynn Clark		
			4.3 STREET ADDRESS		
			2249 Brandywine Drive		
			4.4 CITY-ST-ZIP		
			Dunedin, Florida 34698		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE		
NAME			700003031987-8		
STREET ADDRESS			-11/02/99--01037--011		
CITY-ST-ZIP			*****61.25 *****61.25		
			8/10/27		
			6.1 TITLE		
			6.2 NAME		
			6.3 STREET ADDRESS		
			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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-99

Date

813  
286-0521

Daytime Phone

CR2E037 (5/99)