

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000008303

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC0764212284**

**Entity Name:** DIXIE HOLLINS HIGH SCHOOL FOOTBALL BOOSTERS, INC.

**Current Principal Place of Business:**

4940 62ND STREET NORTH  
ST PETERSBURG, FL 33709

**Current Mailing Address:**

4940 62ND STREET NORTH  
ST PETERSBURG, FL 33709

**FEI Number:** 59-3699861

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BROWN, AMY  
6345 66TH AVENUE NORTH  
PINELLAS PARK, FL 33781 US

*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

**Officer/Director Detail :**

Title           CEOD, PRESIDENT  
Name           BROWN, AMY  
Address        6345 66TH AVENUE NORTH  
City-State-Zip: PINELLAS PARK FL 33781

Title           CEOD, VP  
Name           STRADER, KRISTIE  
Address        4940 62ND STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33709

Title           CEOD, TREASURER  
Name           BROWN, AMY  
Address        4940 62ND STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33709

Title           SECRETARY  
Name           WADE, HELEN  
Address        4940 62ND STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33709

Title           CONCESSION MANAGER  
Name           SINGLETON, HOPE  
Address        4940 62ND STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33709

Title           CORPORATE SPONSOR DIRECTOR  
Name           SINGLETON, CHARLES  
Address        4940 62ND STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33709

Title           BOOSTER MEMBERSHIP DIRECTOR  
Name           ADAMS, NIKKI  
Address        4940 62ND STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33709

Title           MERCHANDISE MANAGER  
Name           BROOKS, KRISTEN  
Address        4940 62ND STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33709

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*I hereby 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 all other like empowered.*

**SIGNATURE:** AMY BROWN

**PRESIDENT**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title PUBLICITY MANAGER  
Name BRYANT, JENNIFER  
Address 4940 62ND STREET NORTH  
City-State-Zip: ST PETERSBURG FL 33709