2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State
04-28-2004 90231 038 ****61.25

DOCUMENT # N01000001194

1. Entity Name
GODBY BASEBALL BOOSTERS, INC.

14010813

Principal Place of Business	Mailing Address
1717 W THARPE ST TALLAHASSEE, FL 32303	P.O. BOX 38171 TALLAHASSEE, FL 32315

01112004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WATERS, RUSS 1011 REDBUD AVE. TALLAHASSEE, FL 32303	Name: Melanie Evans Street Address (P.O. Box Number is Not Acceptable): 4315 Sherborne Rd City: Tallahassee FL Zip Code: 32303

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: Melanie R. Evans - Treasurer 4-27-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DRIGGERS, BUDDY 2479 FT. BRADEN LANE TALLAHASSEE, FL 32310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JAMES, DAVID 4249 CAMDEN RD TALLAHASSEE, FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition DV RICK VASQUEZ 5537 DeSoto Dr Tallahassee FL 32303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS RAY, DONNA 417 6TH AVENUE TALLAHASSEE, FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition DS Karen Trammell 1821 RAA Avenue TALLAHASSEE FL 32303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS EVANS, MELANIE 4315 SHERBORNE DRIVE TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHIELDS, TERRI 1130 CLYDE LANE TALLAHASSEE, FL 32310	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Margaret Hammaker 1710 Sherwood Dr. Tallahassee FL 32303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: Melanie R. Evans 4-27-04 850-514-1793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #