## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001194

Entity Name: GODBY BASEBALL BOOSTERS, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
1717 W THARPE ST	

TALLAHASSEE, FL 32303

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 38171 TALLAHASSEE, FL 32315

FEI Number: 20-1536185 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HAMMAKER, MARGARET 2102 SKYLAND DR TALLAHASSEE, FL 32303

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

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DP (X) Change ( ) Addition () Delete VASQUEZ, RICK MORRISON, GREG Name: Name:

5537 DENARGO DRIVE Address: 14801 FORBES WAY Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32310

Title: DV () Delete Title: (X) Change ( ) Addition HAYMAN, PAMELA Name: Name: PEACOCK, TINA

Address: 6463 BOLD VENTURE TR. Address: 2746 WESTBURY CIRCLE City-St-Zip: TALLAHASSEE, FL 32309 City-St-Zip: TALLAHASSEE, FL 32303

Title: DS () Delete Title: () Change () Addition

MORRISON, VICKI Name: Name: 14801 FORBES WAY Address: Address: City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip:

Title: DT ( ) Delete Title: DT (X) Change ( ) Addition

HAMMAKER, MARGARET HAMMAKER, MARGARET Name: Name: Address: 2101 SKYLAND DR Address: 2102 SKYLAND DR City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete Title: (X) Change ( ) Addition

HANKS, BARBARA SCHOFIELD, GREG Name: Name: 4775 BEN STOUTAMIRE RD. 1245 FERNWOOD RD Address: Address: City-St-Zip: TALLAHASSEE, FL 32310 City-St-Zip: TALLAHASSEE, FL 32304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET HAMMAKER DT 03/19/2009