

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001194

FILED
May 07, 2007
Secretary of State

Entity Name: GODBY BASEBALL BOOSTERS, INC.

Current Principal Place of Business:

1717 W THARPE ST
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 38171
TALLAHASSEE, FL 32315

New Mailing Address:

FEI Number: 20-1536185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HAMMAKER, MARGARET
2102 SKYLAND DR
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: VASQUEZ, RICK
Address: 5537 DENARGO DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DV () Delete
Name: HOUSTON, DANA
Address: 4239 WOODHILL COURT
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS () Delete
Name: MORRISON, VICKI
Address: 14801 FORBES WAY
City-St-Zip: TALLAHASSEE, FL 32310

Title: DT () Delete
Name: HAMMAKER, MARGARET
Address: 2101 SKYLAND DR
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: HANKS, BARBARA
Address: 4775 BEN STOUTAMIRE RD.
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: PULLEN, CELESTE
Address: 2028 SETTING SUN TRAIL
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

05/07/2007

Electronic Signature of Signing Officer or Director

Date