

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002397

1. Entity Name
GODBY VOLLEYBALL BOOSTERS, INC.



Principal Place of Business
**1717 WEST THARPE ST.
TALLAHASSEE, FL 32304**

Mailing Address
**2211 MENDOZA AVE.
TALLAHASSEE, FL 32304**



04292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3035556

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**O'DONNELL, BETH
2211 MENDOZA AVE
TALLAHASSEE, FL 32304**

**DO NOT WRITE
IN THIS SPACE**

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 Beth O'Donnell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-05

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AVANT, SONYA
STREET ADDRESS 2656 BOW N. ARROW TRAIL
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE VDT
NAME OSTRANDER, DAVID R
STREET ADDRESS 917 JESSICA ST.
CITY-ST-ZIP TALLAHASSEE, FL 32305

TITLE SDT
NAME O'DONNELL, BETH
STREET ADDRESS 2211 MENDOZA AVE.
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE TD
NAME VASQUEZ, DEBRA
STREET ADDRESS 5537 DENARGO DR.
CITY-ST-ZIP TALLAHASSEE, FL 32304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000356451
115/04/05-80012-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Beth O'Donnell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date

850-575-9229

Daytime Phone #