

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90073 048 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4340 Sherborne Rd.

Suite, Apt. #, etc.

City & State

City & State
Tallahassee, FL 32303

Zip

Country

Zip
32303

Country
USA

04102006 Chg-NP CR2E037 (11/05)



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

7. Name and Address of New Registered Agent

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

Name

Prince, Eileen

Street Address (P.O. Box Number is Not Acceptable)

4340 Sherborne Road

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

Eileen S. Prince

Eileen S. Prince

4/17/06

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, 2006**

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
PD
AVANT, SONYA
2656 BOW N. ARROW TRAIL
TALLAHASSEE, FL 32310 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
Fredrick Green
3805 Sutton Place
Tallahassee, FL 32303 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Judy Kirk
1953 Harriett Drive
Tallahassee, FL 32303 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
Eileen S. Prince
4340 Sherborne Rd.
Tallahassee, FL 32303 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 exemptions contained 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 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:

Eileen S. Prince

Eileen S. Prince, Treas.

4/17/06

850-562-6763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #