## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPURI								04-18-2006 90073 048 ****61.25				
DOCUMENT # N0200002397  1. Entity Name GODBY VOLLEYBALL BOOSTERS, INC.								400	<b>J</b> LU61			
Principal Place of Business 1717 WEST THARPE ST. TALLAHASSEE, FL 32304			2211	Mailing Address 2211 MENDOZA AVE. TALLAHASSEE, FL 32304					· • ¿¾	ii <b>a l</b> ini <b>a c</b> iii) <b>ca</b> ii(a		SEIIOI ET IEOI
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			4340 Sherborne Rd. Suite, Apt. #, etc.				04102006	Chg-NP	CR2E	037 (11/05)		
City & State			Ta.	City & State Tallahassee, FL 3230				4. FEI Numbe 74-303	er 5556			pplied For lot Applicable
Zip		Country	Zip 32	303		untry SA		5. Certificate	of Status Desire	ed 🔲	\$8.75 Ad Fee Requir	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
O'DONNELL, BETH					Name Prince, Eileen Street Address P.O. Box Number is Not Acceptable) 4340 Sherboone Road							
2211 MENDOZA AVE TALLAHASSEE, FL 32304						Siree! A	434	0 Sheri	opne R	oad		
	•					City	m - 1	lahasse		F	Zip Coo	303
The above named entity submits this statement for the purpose of changing its registere						ed office o						
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SIGNATURE	Signature, typed	ean Street or printed name of registered agent	and title if appl			S. Pr		when reinstating)		4 / ]		<del></del>
SIGNATURE	Filing Fe	een Suu or printed name of registered agent e is \$61.25 lay 1, 2006	and title if appl		: Registere	d Agent signal			de .	DATE	ck payable	
SIGNATURE	Filing Fe	e is \$61,25		ecable. (NOTE	: Registere	id Agent signal rinancing ion.	iure required	when reinstating) \$5.00 May B Added to Fees	ANGES TO OFF	Make che	ck payable artment of S	State
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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 cath; 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.

850-562-676.

CITY+ST-ZIP

CITY-ST-ZIP

SIGNATURE: Lilean S. Prince, Treas. 4/17/06

Degrate Prince I Date 4/17/06

Degrate Prince I Degrate Prince