

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000002397

Entity Name
SCOTBY VOLLEYBALL BOOSTERS, INC.



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

Mailing Address
**4340 SHERBORNE RD
TALLAHASSEE, FL 32303**



04122007 No Chg-NP

CR2E037 (4/06)

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

**PRINCE, EILEEN
4340 SHERBORNE RD
TALLAHASSEE, FL 32303**

**DO NOT WRITE
IN THIS SPACE**

I, 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

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GREEN, FREDRICK
STREET ADDRESS 3805 SUTTON PL
CITY - ST - ZIP TALLAHASSEE, FL 32303

TITLE SD
NAME KIRK, JUDY
STREET ADDRESS 1953 HARRIETT DR
CITY - ST - ZIP TALLAHASSEE, FL 32303

TITLE TD
NAME PRINCE, EILEEN S
STREET ADDRESS 4340 SHERBORNE RD
CITY - ST - ZIP TALLAHASSEE, FL 32303

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U00000747470
05/17/07-80027-002 61.25

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IN THIS SPACE**

I, 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
Treasurer

4/27/07 850-562-6763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #