

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002397

FILED
Apr 29, 2009
Secretary of State

Entity Name: GODBY VOLLEYBALL BOOSTERS, INC.

Current Principal Place of Business:

1717 WEST THARPE ST.
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

2647 AMBER TRACE
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 74-3035556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, LISA G
2647 AMBER TRACE
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: P () Delete
Name: JACKSON, ADRIENNE
Address: 2410 ATLAS RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: V () Delete
Name: WHITTINGTON, CINDY
Address: 1942 PORTLAND AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S () Delete
Name: ZIMMERMAN, PAM
Address: 3108 S FULMER CIR
City-St-Zip: TALLAHASSEE, FL 32303

Title: T () Delete
Name: MITCHELL, LISA G
Address: 2647 AMBER TRACE
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: LISA G. MITCHELL

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04/29/2009

Electronic Signature of Signing Officer or Director

Date