



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90300 022 ****61.25

DOCUMENT # N04000008390 1. Entity Name CHILES VOLLEYBALL BOOSTERS, INC.					
Principal Place of Business 7200 THOMASVILLE RD. TALLAHASSEE, FL 32312			Mailing Address 7200 THOMASVILLE RD. TALLAHASSEE, FL 32312		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 12-4285867	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DAVIS, SUSAN H 6000 OX BOTTOM MANOR DR. TALLAHASSEE, FL				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DAVIS, SUSAN H	NAME			
STREET ADDRESS	6000 OX BOTTOM MANOR DR.	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHUETZ, JOSEPH M	NAME	Brand, Richard		
STREET ADDRESS	6104 PICKWICK RD.	STREET ADDRESS	3458 Gardenview Way, Tallahassee FL 32308		
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP			
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STOREY, DORIS	NAME	Hamilton, Cindy		
STREET ADDRESS	6201 PICKWICK RD.	STREET ADDRESS	2219 Ten Oaks Drive, Tallahassee FL 32312		
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BENNETT, TAMMY	NAME			
STREET ADDRESS	3724 PINE TIP RD.	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MIXON, HARRIETT K	NAME			
STREET ADDRESS	287 ROSEHILL DR.	STREET ADDRESS	2801 Chancellorsville Rd., Apt. 627		
CITY-ST-ZIP	TALLAHASSEE, FL	CITY-ST-ZIP	Tallahassee, FL 32312		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Susan H. Davis, President		April 18, 2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	