2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008
Secretary of State

DOCUMENT# N04000008390

Entity Name: CHILES VOLLEYBALL BOOSTERS, INC.

Current Principal Place of Business:

7200 THOMASVILLE RD.
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

7200 THOMASVILLE RD.
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 12-4285867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WHIDDON, CARTER P
7651 REFUGE ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

JACOBS, RON
7200 THOMASVILLE RD.
TALLAHASSEE, FL 32312 US

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: RON JACOBS 01/22/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WHIDDON, CARTER P
Address: 7651 REFUGE ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: V ( ) Delete
Name: WARREN, STACEY C
Address: 7477 PRESERVATION ROAD
City-St-Zip: TALLAHASSEE, FL 32312

Title: S ( ) Delete
Name: HETTINGER, DARBY
Address: 1205 EQUESTRIAN WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: T ( ) Delete
Name: GERZINA, LEE A
Address: 2192 GATES DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: LEE A GERZINA TREA 01/22/2008
Electronic Signature of Signing Officer or Director Date