

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 30, 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:**JACOBS, RON
7200 THOMASVILLE RD.
TALLAHASSEE, FL 32312 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: 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: P (X) Change () Addition
Name: HEDMAN, CRAIG W
Address: 10044 JOURNEYS END ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: V (X) Change () Addition
Name: WERNKE, DEBBIE
Address: 534 MEADOW RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: S (X) Change () Addition
Name: INGRAM, ROBIN R
Address: 9532 BUCKHAVEN TRAIL
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: T (X) Change () Addition
Name: BARRANCO, ELIZABETH S
Address: 5050 QUAIL VALLEY ROAD
City-St-Zip: TALLAHASSEE, FL 32309 US

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: ELIZABETH S. BARRANCO

T

04/30/2008

Electronic Signature of Signing Officer or Director

Date