

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008390

FILED
Feb 18, 2009
Secretary of State

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: HEDMAN, CRAIG W
Address: 10044 JOURNEYS END ROAD
City-St-Zip: TALLAHASSEE, FL 32312 US

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPC (X) Change () Addition
Name: PHENIX, KIM
Address: 6649 MAN-O-WAR TRAIL
City-St-Zip: TALLAHASSEE, FL 32309 US

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

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

Title: S () Change (X) Addition
Name: LECKINGER, SUSIE
Address: 1290 MANOR HOUSE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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: ROBIN INGRAM

VPF

02/18/2009

Electronic Signature of Signing Officer or Director

Date