

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90107 042 \*\*\*\*70.00

**DOCUMENT # N04000008842**

1. Entity Name  
**LINCOLN VOLLEYBALL BOOSTER CLUB, INC.**



Principal Place of Business  
**8038 TROJAN TRAIL  
TALLAHASSEE, FL 32311 US**

Mailing Address  
**5607 WAGON WHEEL CIRCLE  
TALLAHASSEE, FL 32317**

**50049259**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

**285 66 0909**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MINDER, KAREN S  
5607 WAGON WHEEL CIRCLE  
TALLAHASSEE, FL 32317**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Karen S Minder*

**4-29-05**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **MINDER, KAREN S**  
STREET ADDRESS **5607 WAGON WHEEL CIRCLE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE **VP** ☐ Delete  
NAME **CULLIGAN, DENNIS**  
STREET ADDRESS **6445 CHEVY WAY DRIVE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE **TREA** ☐ Delete  
NAME **BUNDY, SHEILA**  
STREET ADDRESS **2477 ARVAH BRANCH BLVD**  
CITY-ST-ZIP **TALLAHASSEE, FL 32309**

TITLE **SECR** ☐ Delete  
NAME **WILL, ROBIN**  
STREET ADDRESS **7360 SKIPPER LANE**  
CITY-ST-ZIP **TALLAHASSEE, FL 32317**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Karen S Minder*

**4-29-05**

**264-2214**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #