

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N05000000156**

1. Entity Name  
**GODBY HIGH SCHOOL LADY COUGARS BASKETBALL BOOSTERS, INC.**



**FILED**

06 OCT 24 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1717 W. THARPE STREET  
TALLAHASSEE, FL 32303

Mailing Address  
1717 W. THARPE STREET  
TALLAHASSEE, FL 32303

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
4235 Little Osprey Dr  
Suite, Apt. #, etc.

City & State  
Tallahassee FL

Zip  
32303

Country  
Leon



4. FEI Number  
134310968

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
JOHNSON, VICKI M  
4608 CYPRESS COURT  
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent  
Name  
Lester B. Word  
Street Address (P.O. Box Number is Not Acceptable)  
4235 Little Osprey Drive  
City  
Tallahassee FL Zip Code  
32303

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 Lester B. Word DATE 10.24.06  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2007, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, VICKI M 4608 CYPRESS COURT TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Word, Lester 4235 Little Osprey Drive Tallahassee, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRYANT, MARCUS 3120 CANMORE PLACE TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	W Wilkerson, Willette 905 Bonnie Avenue Tallahassee, FL 32303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RAFFINGTON, LATANYA 2420 VEGA DRIVE TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	     000081399250 10/31/06--01079--002 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DUNCAN, BESSIE 1085 CONCORD ROAD HAVANA, FL 32333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	     10/24
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDERS, SUSIE 8381 FORDHAM LANE TALLAHASSEE, FL 32305 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	     <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	     <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	     <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Lester B. Word DATE 10.24.06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR