


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000006660</b> 1. Entity Name <b>THE EVERFLADES HIGH VOLLEYBALL BOOSTER CLUB, INC.</b>	
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Principal Place of Business <b>18451 NW 9TH ST PEMBROKE PINES, FL 33029</b>	Mailing Address <b>18451 NW 9TH ST PEMBROKE PINES, FL 33029</b>
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-NP

CR2E037 (4/06)

4. FEI Number <b>30-0321739</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**MANCINELLI, DIANA  
18451 NW 9TH ST  
PEMBROKE PINES, FL 33029**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, SARAH 1181 NW 184 WAY PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIOSCO, NARIA 19360 NW 8 ST PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PALANT, CONNIE 621 NW 193 WAY PEMBROKE PINES, FL 33029
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01/30/07-80008-002 61.25

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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:** *Diana Mancinelli* **1-23-07 954-438-9510**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #