
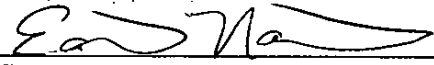
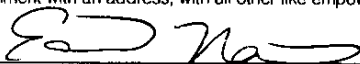


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90256 010 \*\*\*\*70.00

<b>DOCUMENT # N05000006660</b>					
<b>1. Entity Name</b> THE EVERFLADES HIGH VOLLEYBALL BOOSTER CLUB, INC.					
<b>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>2. Principal Place of Business - No P.O. Box #</b> 18005 SW 1st Street		<b>3. Mailing Address</b> 18005 SW 1st Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Pembroke Pines FL		<b>City &amp; State</b> Pembroke Pines, FL		<b>4. FEI Number</b> 30-0321739	
<b>Zip</b> 33029		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MANCINELLI, DIANA 18451 NW 9TH ST PEMBROKE PINES, FL 33029			<b>7. Name and Address of New Registered Agent</b> Name: Navarrete Edie Street Address (P.O. Box Number is Not Acceptable): 18005 SW 1st Street City: Pembroke Pines FL Zip Code: 33029		
<b>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.</b>					
SIGNATURE: 				DATE: 5/1/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> VP	<b>NAME</b> MILLER, SARAH	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VP	<b>NAME</b> Angie Alexander	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1181 NW 184 WAY	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029		<b>STREET ADDRESS</b> Pembroke Pines, FL	<b>CITY-ST-ZIP</b> 33029	
<b>TITLE</b> T	<b>NAME</b> RIOSCCO, NARIA	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> Margaret Barnes	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 19360 NW 8 ST	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029		<b>STREET ADDRESS</b> 17812 SW 12th Ct.	<b>CITY-ST-ZIP</b> Pembroke Pines, FL 33029	
<b>TITLE</b> S	<b>NAME</b> PALANT, CONNIE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S	<b>NAME</b> Crystal Whitaker	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 621 NW 193 WAY	<b>CITY-ST-ZIP</b> PEMBROKE PINES, FL 33029		<b>STREET ADDRESS</b> Pembroke Pines, FL	<b>CITY-ST-ZIP</b> 33029	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>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.</b>					
<b>SIGNATURE:</b> 				Date: 5/1/08 Daytime Phone #: 954-436-0935	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					