

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2007 8:00 am
Secretary of State

6/1

06-18-2007 90002 011 ****61.25

DOCUMENT # N05000008458

1. Entity Name
GODBY HIGH SCHOOL SWIMMING AND DIVING BOOSTERS, INC.



66021263



Principal Place of Business
4522 WHISPER HOLLOW LANE *
TALLAHASSEE, FL 32303

Mailing Address
4522 WHISPER HOLLOW LANE *
TALLAHASSEE, FL 32303

*change to: 4252 Ben Blvd. Tall FL 32303

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

05312007 Chg-NP CR2E037 (12/06)

8. Name and Address of Current Registered Agent
WYMAN, STEPHEN D
4522 WHISPER HOLLOW LANE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1928 Harriet 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 *SD Wyman* DATE 5-31-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

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	<input type="checkbox"/> Delete
NAME	WYMAN, STEPHEN D	
STREET ADDRESS	4522 WHISPER HOLLOW LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CABLE, LAURA	
STREET ADDRESS	4252 BEN BLVD	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	TS	<input type="checkbox"/> Delete
NAME	WYMAN, TRACY A	
STREET ADDRESS	4522 WHISPER HOLLOW LANE	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	→ 1928 Harriet Drive	
STREET ADDRESS	Tallahassee, FL 32303	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	→ 1928 Harriet Dr.	
STREET ADDRESS	Tallahassee, FL 32303	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 817, 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 *Laura Cable*