

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009230

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** GULF BREEZE HIGH SCHOOL VOLLEYBALL BOOSTER CLUB, INC.

**Current Principal Place of Business:**

300 BEAR DRIVE  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

362 GULF BREEZE PKWY  
162  
GULF BREEZE, FL 32561

**Current Mailing Address:**

300 BEAR DRIVE  
GULF BREEZE, FL 32561

**New Mailing Address:**

362 GULF BREEZE PKWY  
162  
GULF BREEZE, FL 32561

**FEI Number:** 26-1167882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDDY, JANET L  
300 BEAR DRIVE  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

TATE, TANIA C PRES.  
1293 BAGDAD CV.  
GULF BREEZE, FL 32563 US

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.

SIGNATURE: TANIA TATE

04/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: EDDY, JANET L  
Address: 300 BEAR DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

Title: D ( ) Delete  
Name: CONNER, SHARON  
Address: 955 GONDOLIER BLVD.  
City-St-Zip: GULF BREEZE, FL 32563

Title: D ( ) Delete  
Name: LEHMANN, MARK  
Address: 1563 CYPRESS BEND TRAIL  
City-St-Zip: GULF BREEZE, FL 32563

Title: D (X) Delete  
Name: BASS, CHERYL  
Address: 710 JAMESTOWN DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: TATE, TANIA C PRES  
Address: 1293 BAGDAD CV  
City-St-Zip: GULF BREEZE, FL 32563

Title: D (X) Change ( ) Addition  
Name: HAWTHORNE, TERESA A TREA.  
Address: 1314 HARRISON AVE.  
City-St-Zip: GULF BREEZE, FL 32563

Title: D (X) Change ( ) Addition  
Name: LEHMANN, MARK VP  
Address: 1563 CYPRESS BEND TRAIL  
City-St-Zip: GULF BREEZE, FL 32563

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANIA TATE

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date