2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001280

FILED Aug 05, 2007 Secretary of State

Entity Name: TARPON SPRINGS VOLLEYBALL BOOSTER CLUB, INC. **Current Principal Place of Business: New Principal Place of Business:** C/O TARPON SPRINGS HIGH SCHOOL 1411 GULF ROAD TARPON SPRINGS, FL 34689 **New Mailing Address: Current Mailing Address:** C/O TARPON SPRINGS HIGH SCHOOL C/O TARPON SPRINGS HIGH SCHOOL 1411 GULF ROAD 1411 GULF ROAD TARPON SPRINGS, FL 34689 TARPON SPRINGS, FL 34683 FEI Number: 59-3516912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BESS, LAURA J BESS, LAURA 2121 W GREENHOLLOW DR C/O 1411 GULF ROAD US TARPON SPRINGS, FL 34689 PALM HAARBOR, FL 34683 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: LAURA BESS 08/05/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition DYRCE, ART Name: Name: C/O 1411 GULF ROAD Address: Address: City-St-Zip: TARPON SPRINGS, FL 34683 City-St-Zip: Title: () Delete Title: () Change () Addition MENNONE, ANGIE Name: Name: Address: C/O 1411 GULF ROAD Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: Title: () Delete Title: (X) Change () Addition DELPH, JULIE Name: SWAN, CHRISTY Name: C/O 1411 GULF RD Address: Address: C/O 1411 GULF RD City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip: TARPON SPRINGS, FL 34689 Title: () Delete Title: (X) Change () Addition SHAFFER, REBECCA Name: BESS, LAURA Name: Address: C/O 1411 GULF RD Address: C/O 1411 GULF RD TARPON SPRINGS, FL 34683 City-St-Zip: TARPON SPRINGS, FL 34683 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.

VΡ SIGNATURE: ANGIE MENNONE 08/05/2007