

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90186 033 ****61.25

| | | | | | |
|---|---|--|---|--|---|
| DOCUMENT # N98000001280 | | | | | |
| 1. Entity Name TARPON SPRINGS VOLLEYBALL BOOSTER CLUB, INC. | | | | | |
| Principal Place of Business C/O TARPON SPRINGS HIGH SCHOOL 1411 GULF ROAD TARPON SPRINGS, FL 34689 | | | Mailing Address C/O TARPON SPRINGS HIGH SCHOOL 1411 GULF ROAD TARPON SPRINGS, FL 34689 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3516912 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BESS, LAURA C/O 1411 GULF ROAD TARPON SPRINGS, FL 34689 | | | 7. Name and Address of New Registered Agent Name <u>SHAFFER, REBECCA</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O 1411 GULF ROAD</u> City <u>TARPON SPRINGS</u> <u>FL</u> Zip Code <u>34689</u> | | |
| 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 <u>Rebecca Shaffer</u> 4-28-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DYRCE, ART C/O 1411 GULF ROAD TARPON SPRINGS, FL 34683 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DEROCKER, GINGER C/O 1411 GULF ROAD TARPON SPRINGS, FL 34689 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| VP MENNONE, ANGIE C/O 1411 GULF ROAD TARPON SPRINGS, FL 34689 | | <input checked="" type="checkbox"/> Delete | | VP DUBLINO, NORA C/O 1411 GULF ROAD TARPON SPRINGS, FL 34689 | |
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| S SWAN, CHRISTY C/O 1411 GULF RD TARPON SPRINGS, FL 34689 | | <input checked="" type="checkbox"/> Delete | | 35 COLLINS, DONNA C/O 1411 GULF ROAD TARPON SPRINGS, FL 34689 | |
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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: <u>Rebecca Shaffer</u> | | | <u>4-28-08</u> | | <u>813-868-9091</u> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | <small>Daytime Phone #</small> |

60035842



04282008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

4-28-08

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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SIGNATURE: Rebecca Shaffer

4-28-08

813-868-9091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #