2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107793

Entity Name: LADY CANES VOLLEYBALL BOOSTER CLUB, INC.

FILED Feb 06, 2009 Secretary of State

100 CARLYLE DR. 1900 OMAHA STREET PALM HARBOR, FL 34683 PALM HARBOR, FL 34683

Current Mailing Address: New Mailing Address:

100 CARLYLE DR. 755 VILLAGE WAY

PALM HARBOR, FL 34683 PALM HARBOR, FL 34683

FEI Number: 59-3739157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KILEY, COLEEN WILKINSON, JANET 100 CARLYLE DR. 755 VILLAGE WAY

PALM HARBOR, FL 34683 US PALM HARBOR, 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: JANET WILKINSON 02/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 KILEY, COLEEN
 Name:
 WILKINSON, JANET

 Address:
 100 CARLYLE DR.
 Address:
 755 VILLAGE WAY

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 PALM HARBOR, FL 34683

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 WILKINSON, JANET
 Name:
 EICHELBERGER, RENE

 Address:
 755 VILLAGE WAY
 Address:
 4233 EAGLE WATCH

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 PALM HARBOR, FL 34685

Title: T () Delete Title: T (X) Change () Addition

 Name:
 SMITH, KAREN
 Name:
 SHOWALTER, CINDY

 Address:
 759 TIMUGUANA LANE
 Address:
 215 POINCIANA LANE

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 LARGO, FL 33770

Title: S () Delete Title: S (X) Change () Addition

 Name:
 SHOWALTER, CINDY
 Name:
 LISTON, SONYA

 Address:
 215 POINCIANA LANE
 Address:
 3165 MASTERS DRIVE

 City-St-Zip:
 LARGO, FL 33770
 City-St-Zip:
 PALM HARBOR, FL 34683

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET WILKINSON P 02/06/2009