

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jun 21, 2011  
Secretary of State**

DOCUMENT# N10000008488

Entity Name: WAKULLA STORM VOLLEYBALL INC.

**Current Principal Place of Business:**

74 TANGLEWOOD DRIVE  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

74 TANGLEWOOD DRIVE  
CRWFORDVILLE, FL 32327

**New Mailing Address:**

FEI Number: 27-3487614      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

SORRELL, CHARLOTTE R MS  
36 MATHIS ROAD  
SOPCHOPPY, FL 32358      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BUNCH, ERICA  
Address: 74 TANGLEWOOD DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: VP  
Name: CRUM, ALICIA  
Address: 566 MASHES SANDSROAD  
City-St-Zip: PANACEA, FL 32346

Title: T  
Name: SORRELL, CHARLOTTE  
Address: 36 MATHIS RD  
City-St-Zip: SOPCHOPPY, FL 32358

Title: S  
Name: VATTER, VALERIE  
Address: 160 CASORA DR  
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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 all other like empowered.

SIGNATURE: CHARLOTTE SORRELL

T

06/21/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date