

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000003711 (5)**  
 1. Corporation Name  
**DISABLED SPORTS USA VOLLEYBALL, INC.**



Principal Place of Business <b>921 N. VILLAGE LAKE DRIVE DELAND FL 32724</b>	Mailing Address <b>921 N. VILLAGE LAKE DRIVE DELAND FL 32724</b>
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3. Date Incorporated or Qualified  
**06/26/1997**

4. FEI Number  
**59-3453524**

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**COGGINS, PARTICK DR.  
 421 N. WOODLAND BOULEVARD  
 DELAND FL 32724**

10. Name and Address of New Registered Agent

81 Name **Chris Seilkop**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**921 N. Village Lake Dr.**  
 83  
 84 City **DeLand** **FL** 85 Zip Code **32724**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Chris Seilkop*, **Chris Seilkop, Treasurer** **1/6/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>T</b>	
NAME	<b>SEILKOP, CHRIS</b>	
STREET ADDRESS	<b>921 NORTH VILLAGE DRIVE</b>	
CITY-ST-ZIP	<b>DELAND FL 32724</b>	
TITLE	<b>T</b>	
NAME	<b>Coggins, Patrick D.</b>	
STREET ADDRESS	<b>421 N. Woodland Blvd.</b>	
CITY-ST-ZIP	<b>DeLand, FL 32724</b>	
TITLE	<b>T</b>	
NAME	<b>Lee, Dennis</b>	
STREET ADDRESS	<b>4416 Pine Cove Rd</b>	
CITY-ST-ZIP	<b>Greensboro, NC 27410</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Chris Seilkop*, **Chris Seilkop** **1/6/98** **904-736-6000**  
Signature and typed or printed name of signing officer or director Date Dacting Phone #

CR2E037 (10/97)