


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90002 048 ****61.25

DOCUMENT # N01000002682	
1. Entity Name NATURE COAST VOLLEYBALL CLUB, INC.	

Principal Place of Business 2769 W. FAIRWAY LOOP CITRUS SPRINGS, FL 34434	Mailing Address 2769 W. FAIRWAY LOOP CITRUS SPRINGS, FL 34434
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2. Principal Place of Business 2130 N Cedarhouse Terr	3. Mailing Address 2130 N Cedarhouse Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

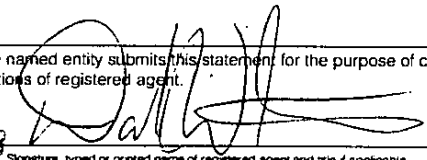
03102005 Chg-NP CR2E037 (10/03)

City & State Crystal River, FL	City & State Crystal River, FL
Zip 34428	Zip 34428
Country US	Country US

4. FEI Number 59-3732271	Applied For <input type="checkbox"/> Not Applicable
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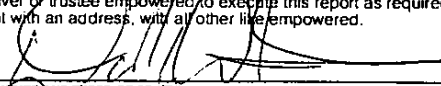
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALLEN, KATHLEEN A 2769 W. FAIRWAY LOOP CITRUS SPRINGS, FL 34434	7. Name and Address of New Registered Agent Name <u>David Worlton</u> Street Address (P.O. Box Number is Not Acceptable) <u>2130 N. Cedarhouse Terr</u> City <u>Crystal River</u> FL <u>34428</u>
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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>David Worlton</u>	DATE: <u>April 10, 2005</u>

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DP	NAME ALLEN, KATHLEEN A	TITLE DP	NAME David Worlton
STREET ADDRESS 2769 W. FAIRWAY LOOP	CITY-ST-ZIP CITRUS SPRINGS, FL 34434	STREET ADDRESS 2130 N. Cedarhouse Terr	CITY-ST-ZIP Crystal River, FL 34428
TITLE VPD	NAME WORLTON, DAVID	TITLE VPD	NAME Willie White
STREET ADDRESS 2130 N. CEDARHOUSE TERRACE	CITY-ST-ZIP CRYSTAL RIVER, FL 34428	STREET ADDRESS 5800 E Arbor St	CITY-ST-ZIP Inverness, FL 34452
TITLE SD	NAME EMBERLEY, NANCY	TITLE	NAME
STREET ADDRESS 981 W. OLYMPIA STREET	CITY-ST-ZIP HERNANDO, FL 34442	STREET ADDRESS	CITY-ST-ZIP
TITLE TD	NAME REEDER, SUSAN C	TITLE TD	NAME Claudine Fuitts
STREET ADDRESS 8675 E. HENDERSON TRAIL	CITY-ST-ZIP INVERNESS, FL 34450	STREET ADDRESS 830 Hickory Ave	CITY-ST-ZIP Inverness, FL 34452
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. 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 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>David Worlton</u>	DATE: <u>4/10/05</u>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #