


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 19, 2006 08:00 A
Secretary of State

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



02262006 No Chg-NP CR2E037 (11/05)

Principal Place of Business 2130 N. CEDARHOUSE TERRACE CRYSTAL RIVER, FL 34428	Mailing Address 2130 N. CEDARHOUSE TERRACE CRYSTAL RIVER, FL 34428
--	--

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3732271	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent WORLTON, DAVID 2130 N. CEDARHOUSE TERRACE CRYSTAL RIVER, FL 34428
--

**DO NOT WRITE
IN THIS SPACE**

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  (NOTE: Registered Agent signature required when restate) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WORLTON, DAVID 2130 N. CEDARHOUSE TERRACE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITE, WILLIE 5800 E. ARBOR STREET INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FULTS, CLAUDINE 830 HICKORY AVE. INVERNESS, FL 34452
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000565473
05/20/06-80138-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #