

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002539

FILED
Apr 30, 2004
Secretary of State

Entity Name: NORTH FLORIDA VOLLEYBALL ACADEMY, INC.

Current Principal Place of Business:

245 RIO VISTA DR.
SOPCHOPPY, FL 32358

New Principal Place of Business:

Current Mailing Address:

245 RIO VISTA DR.
SOPCHOPPY, FL 32358

New Mailing Address:

FEI Number: 59-3639630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, JOSE DR.
135 SWEETWATER CIRCLE
CRAWFORDVILLE, FL 32327 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: D () Delete
Name: OSTRANDER, DAVE
Address: 917 JESSICA ST.
City-St-Zip: TALLAHASSEE, FL 32305

Title: D () Delete
Name: MORALES, JOSE DR.
Address: 135 SWEETWATER CIRCLE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: JONES, SARA B
Address: 273 FRANK JONES RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D () Delete
Name: POTTER, SHELLY
Address: 99 MONOCOUPPE CIRCLE
City-St-Zip: OCHOLOCKONEE BAY, FL 32346

Title: P () Delete
Name: JOHNSON, JAMIE
Address: 245 RIO VISTA DR.
City-St-Zip: SOPCHOPPY, FL 32358

Title: S () Delete
Name: CROUCH, BOBBIE J
Address: 245 RIO VISTA DR.
City-St-Zip: SOPCHOPPY, FL 32358

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JANIE JOHNSON

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date