

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90054 047 ****61.25

DOCUMENT # N03000002539 1. Entity Name NORTH FLORIDA VOLLEYBALL ACADEMY, INC.					
Principal Place of Business 245 RIO VISTA DR. SOPCHOPPY, FL 32358				Mailing Address 245 RIO VISTA DR. SOPCHOPPY, FL 32358	
2. Principal Place of Business 135 Sweetwater Cr Suite, Apt. #, etc.		3. Mailing Address P.O. Box 717 Suite, Apt. #, etc.			
City & State Crawfordville, FL Zip 32327		City & State Crawfordville, FL Zip 32326		4. FEI Number 59-3639630	
Country Wakulla		Country Wakulla		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORALES, JOSE DR. 135 SWEETWATER CIRCLE CRAWFORDVILLE, FL 32327				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTRANDER, DAVE 917 JESSICA ST. TALLAHASSEE, FL 32305	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, JOSE DR. 135 SWEETWATER CIRCLE CRAWFORDVILLE, FL 32327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SARA B 273 FRANK JONES RD. CRAWFORDVILLE, FL 32327	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARIA S. Morales 135 Sweetwater Cr. Crawfordville, FL 32327 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POTTER, SHELLEY 99 MONOCOUE CIRCLE OCHOLOCKONEE BAY, FL 32346	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, JAMIE 245 RIO VISTA DR. SOPCHOPPY, FL 32358	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CROUCH, BOBBIE J 245 RIO VISTA DR. SOPCHOPPY, FL 32358	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>José Morales</u> - José Morales 4/2/2005 850-926-3200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					