2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 07, 2006
Secretary of State

DOCUMENT# N03000002539

Entity Name: NORTH FLORIDA VOLLEYBALL ACADEMY, INC.

Current Principal Place of Business:

4069 SHADY VIEW LANE
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

4069 SHADY VIEW LANE
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 59-3693630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUCK-CROCKETT, RITA
4069 SHADY VIEW LN
TALLAHASSEE, FL 32311 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: T ( ) Delete
Name: MORALES, MARIA S
Address: 135 SWEETWATER CR
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: D ( ) Delete
Name: BUCK-CROCKETT, RITA
Address: 4069 SHADYVIEW LN.
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete
Name: BUCK, RENE
Address: 4069 SHADY VIEW LANE
City-St-Zip: TALLAHASSEE, FL 32311

Title: D ( ) Delete
Name: HARRISON, GAIL
Address: 1951 CELTIC RD.
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: CITRON, LIZ
Address: 3775 LONGFELLOW ROAD
City-St-Zip: TALLAHASSEE, FL 32311

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

Title: T (X) Change ( ) Addition
Name: JOHNSON, RAY A
Address: 6345 SINKOLA DR
City-St-Zip: TALLAHASSEE, FL 32311

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 Chapter 119, 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: GAIL HARRISON D 11/07/2006

Electronic Signature of Signing Officer or Director — Date