

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002539

FILED
Feb 25, 2008
Secretary of State

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: HILL, RENEE
Address: 1001 OCALA RD
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: JOHNSON, RAY A
Address: 6345 SINKOLA DR
City-St-Zip: TALLAHASSEE, FL 32311

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BUCK-CROCKETT, RITA
Address: 4069 SHADY VIEW LN.
City-St-Zip: TALLAHASSEE, FL 32311

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

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

Title: D () Change (X) Addition
Name: BECKER, JOY
Address: 3619 STROLLING WAY
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify 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: RITA BUCK-CROCKETT

MRS

02/25/2008

Electronic Signature of Signing Officer or Director

Date