

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002539

FILED
Apr 12, 2010
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
Name: OLSEN, RENEE
Address: 2350 PHILLIPS RD. #6107
City-St-Zip: TALLAHASSEE, FL 32308

Title: DT
Name: JOHNSON, RAY A
Address: 6345 SINKOLA DR
City-St-Zip: TALLAHASSEE, FL 32311

Title: DP
Name: BUCK-CROCKETT, RITA
Address: 4069 SHADY VIEW LN.
City-St-Zip: TALLAHASSEE, FL 32311

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

I hereby 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 all other like empowered.

SIGNATURE: RAY A JOHNSON

DT

04/12/2010

Electronic Signature of Signing Officer or Director

Date