

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002539

**FILED**  
**Apr 25, 2011**  
**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: 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: RITA BUCK-CROCKETT

DP

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date