

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90053 013 ****61.25

DOCUMENT # N03000009720 1. Entity Name SAINT AUGUSTINE VOLLEYBALL ASSOCIATION, INC.			
Principal Place of Business 176 BILBAO DR ST AUGUSTINE, FL 32086		Mailing Address 176 BILBAO DR ST AUGUSTINE, FL 32086	
2. Principal Place of Business P.O. Box 860242 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 860242 Suite, Apt. #, etc.	
City & State St. Augustine, Florida Zip 32085 Country USA		City & State St. Augustine, Florida Zip 32085 Country USA	
4. FEI Number 20-0462196		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPPAS, BRIAN J 176 BILBAO DR ST AUGUSTINE, FL 32086		7. Name and Address of New Registered Agent Name <u>Mark Melton</u> Street Address (P.O. Box Number is Not Acceptable) <u>9166 June Lane</u> City <u>St. Augustine</u> FL Zip Code <u>32080</u>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 BURKHARDT, DEBBIE 176 BILBAO DR ST AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	D Debbie Burkhardt 400 Plantation Grove Lane St. Augustine, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELTON, MARK 176 BILBAO DR ST AUGUSTINE, FL 32086	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Mark Melton 9166 June Lane St. Augustine, Florida 32080
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAPPAS, BRIAN 176 BILBAO DR ST AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Sandra L. Goode 4115 Tall Trees Lane St. Augustine, Florida 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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>Mark Melton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>3/3/05</u> <u>904-669-2171</u> <small>Date Daytime Phone #</small>	