

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009720

FILED
Feb 25, 2009
Secretary of State

Entity Name: SAINT AUGUSTINE VOLLEYBALL ASSOCIATION, INC.

Current Principal Place of Business:

804 N. END STREET
SAINT AUGUSTINE, FL 32095

New Principal Place of Business:

9 HILDRETH
SAINT AUGUSTINE, FL 32084

Current Mailing Address:

P.O. BOX 860242
SAINT AUGUSTINE, FL 32085

New Mailing Address:

P.O. BOX 860242
SAINT AUGUSTINE, FL 32086 US

FEI Number: 20-0462196

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELTON, MARK
804 N. END STREET
SAINT AUGUSTINE, FL 32095 US

Name and Address of New Registered Agent:

MELTON, MARK
9 HILDRETH
SAINT AUGUSTINE, FL 32084 US

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: MARK MELTON

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MELTON, MARK
Address: 804 N. END STREET
City-St-Zip: ST AUGUSTINE, FL 32095

Title: D () Delete
Name: GOODE, SANDRA L
Address: 4115 TALL TREES LANE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D () Delete
Name: TAYLOR, SARAH
Address: 276 PINE ARBOR CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MELTON, MARK
Address: 9 HILDRETH
City-St-Zip: ST AUGUSTINE, FL 32084

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 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: MARK MELTON

D

02/25/2009

Electronic Signature of Signing Officer or Director

Date