


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 8:00 am
Secretary of State

05-01-2006 90410 002 ****61.25

DOCUMENT # N05000008112 1. Entity Name CLAY COUNTY VOLLEYBALL ACADEMY, INC.					
Principal Place of Business 5786 SHORT HORN ROAD MIDDLEBURG, FL 32068			Mailing Address 5786 SHORT HORN ROAD MIDDLEBURG, FL 32068		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent TOLSON, JOHN F JR. 462 KINGSLEY AVENUE SUITE 101 ORANGE PARK, FL 32073				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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					
TITLE	PD <input type="checkbox"/> Delete ARNOLD, THOMAS J JR. 5786 SHORT HORN ROAD MIDDLEBURG, FL 32068				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	VPD <input type="checkbox"/> Delete BURGHART, JOEL K 4195 CLOVE STREET MIDDLEBURG, FL 32068				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	TD <input type="checkbox"/> Delete MANGUS, LAWRENCE P III 2297 STOCKTON DRIVE GREEN COVE SPRINGS, FL 32043				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	SD <input type="checkbox"/> Delete BEST, TRIRENA D 1309 PORTSIDE DRIVE ORANGE PARK, FL 32003				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 to an address, with all other filers empowered.					
SIGNATURE: <i>L. Proctor Mangus, III</i> 4/19/06 284-4775 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

66021296



04192006 Chg-NP CR2E037 (11/05)

4. FEI Number **20-3253935** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL Zip Code