# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 09, 2007**
**Secretary of State**

DOCUMENT# N05000008112

**Entity Name:** CLAY COUNTY VOLLEYBALL ACADEMY, INC.

**Current Principal Place of Business:**

P.O. BOX 9526
FLEMING ISLAND, FL 32006

**New Principal Place of Business:**

1309 PORTSIDE DR
ORANGE PARK, FL 32003

**Current Mailing Address:**

P.O. BOX 9526
FLEMING ISLAND, FL 32006

**New Mailing Address:**

**FEI Number: 20-3253935** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

TOLSON, JOHN F JR.
462 KINGSLEY AVENUE
SUITE 101
ORANGE PARK, FL 32073 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: VPD ( ) Delete
Name: BURGHART, JOEL K
Address: 4195 CLOVE STREET
City-St-Zip: MIDDLEBURG, FL 32068

Title: TD (X) Delete
Name: MANGUS, LAWRENCE P III
Address: 2297 STOCKTON DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD (X) Delete
Name: BEST, TRIRENA D
Address: 1309 PORTSIDE DRIVE
City-St-Zip: ORANGE PARK, FL 32003

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: BEST, TRIRENA D
Address: 1309 PORTSIDE DR
City-St-Zip: ORANGE PARK, FL 32003

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: TRIRENA BEST PD 07/09/2007

Electronic Signature of Signing Officer or Director — Date