# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/19/2008-90029-020-$69.00-$69.00

DOCUMENT # N07000003272

1. Entity Name
CENTRAL FLORIDA VOLLEYBALL CLUB, INC

FILED
08 SEP 12 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 929 NORTH LAKE CLAIRE CIRCLE<br>OVIEDO, FL 32765 | 929 NORTH LAKE CLAIRE CIRCLE<br>OVIEDO, FL 32765 |
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

04152008 Chg-NP CR2E037 (12/06)

4. FEI Number: Apply FOR — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PIZARRO, CARLOS
929 NORTH LAKE CLAIRE CIRCLE
OVIEDO, FL 32765

**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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ $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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>PIZARRO, CARLOS<br>929 NORTH LAKE CLAIRE CIRCLE<br>OVIEDO, FL 32765 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>GRAU, GILDA<br>929 NORTH LAKE CLAIRE CIRCLE<br>OVIEDO, FL 32765 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>GRAU, IVAN<br>929 NORTH LAKE CLAIRE CIRCLE<br>OVIEDO, FL 32765 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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 with an address, with all other like empowered.

SIGNATURE: C Pizarro 4/23/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #