

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003050

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA VOLLEYBALL NET CLUB, INC.

**Current Principal Place of Business:**

3001 SW COLLEGE ROAD  
OCALA, FL 34474

**New Principal Place of Business:**

3001 SW COLLEGE ROAD  
OCALA, FL 34474 UN

**Current Mailing Address:**

3001 SW COLLEGE ROAD  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

SIQUEIRA, FLAVIA G  
3001 SW COLLEGE ROAD  
OCALA, FL 34474 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: P  
Name: SIQUEIRA, FLAVIA G  
Address: 3001 SW COLLEGE ROAD  
City-St-Zip: Ocala, FL 34474

Title: VP  
Name: THOMAS, JOHN B  
Address: 10710 SW 94 COURT  
City-St-Zip: Ocala, FL 34481

Title: S  
Name: MENTZER, WANDA S  
Address: 3326 SE 2 AVENUE  
City-St-Zip: OCAL, FL 34471

I hereby 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 all other like empowered.

SIGNATURE: FLAVIA SIQUEIRA

P

01/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date