2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15933

FILED Apr 26, 2004 Secretary of State

Entity Name: JACKSONVILLE VOLLEYBALL CLUB INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 4426 MILLSTONE CRT 4471 AUTUMN RIVER RD. E. JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32224 US **Current Mailing Address: New Mailing Address:** 4426 MILLSTONE CRT 4471 AUTUMN RIVER RD. E. JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32224 US FEI Number: 59-2685731 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORD, JETER, BOWLUS, DUSS & MORGAN, P.A. MORTGAGE ADVISORS, INC. 10110 SAN JOSE BLVD. 1805 COPELAND STREET JACKSONVILLE, FL 32257 US SUITE 200 JACKSONVILLE, FL 32204 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: DANIEL P. ARMSTRONG 04/26/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: VPD () Delete () Change () Addition WHITE, ANNIE Name: Name: 4426 MILLSTONE CT Address: Address: City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: JOHANSEN, BOBBI Name: Address: 1846 SELVA GRANDE DR Address: City-St-Zip: ATLANTIC BEACH, FL 32233 City-St-Zip: Title: () Delete Title: PD (X) Change () Addition ARMSTRONG, ANGLE Name: ARMSTRONG, ANGIE Name: 4471 AUTUMN RIVER RD E. Address: 4471 AUTUMN RIVER RD E. Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANGELA M. ARMSTRONG PD 04/26/2004