

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15933

FILED  
Jan 30, 2009  
Secretary of State

**Entity Name:** JACKSONVILLE VOLLEYBALL CLUB INCORPORATED

**Current Principal Place of Business:**

1017 8TH AVE. NORTH  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

1017 8TH AVE. NORTH  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

P.O. BOX 50757  
JACKSONVILLE BEACH, FL 32240 US

**FEI Number:** 59-2685731

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORTGAGE ADVISORS, INC.  
1805 COPELAND STREET  
SUITE 200  
JACKSONVILLE, FL 32204 US

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

MORRISSEY, CHRISTOPHER D PD  
1017 8TH AVE. NORTH  
JACKSONVILLE BEACH, FL 32250 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: CHRISTOPHER D. MORRISSEY

01/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MORRISSEY, CHRIS  
Address: 1017 8TH AVE. NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD ( ) Delete  
Name: ARMSTRONG, ANGIE  
Address: 4471 AUTUMN RIVER RD E.  
City-St-Zip: JACKSONVILLE, FL 32224

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

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: CHRISTOPHER D. MORRISSEY

PD

01/30/2009

Electronic Signature of Signing Officer or Director

Date