

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-17-2003 91053 039 ****61.25

DOCUMENT # N15933

1. Entity Name

JACKSONVILLE VOLLEYBALL CLUB INCORPORATED



Principal Place of Business

**4426 MILLSTONE CRT
JACKSONVILLE FL 32257**

Mailing Address

**4426 MILLSTONE CRT
JACKSONVILLE FL 32257**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2685731**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**FORD, JETER, BOWLUS, DUSS & MORGAN, P.A.
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257**

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 registering)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **PO**
NAME **WHITE, ANNIE**
STREET ADDRESS **4426 MILLSTONE CT**
CITY-ST-ZIP **JACKSONVILLE FL 32257**
☐ Delete

TITLE **VD**
NAME **JOHANSEN, BOBBI**
STREET ADDRESS **1846 SELVA GRANDE DR**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**
☐ Delete **DiR**

TITLE **VD**
NAME **MEHRITT, ANGIE**
STREET ADDRESS **4471 AUTUMN RIVER RD. E.**
CITY-ST-ZIP **JACKSONVILLE FL 32224**
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Vice President - D**
NAME **White, Annie**
STREET ADDRESS **4426 Millstone Court**
CITY-ST-ZIP **Jacksonville, FL 32257**
☒ Change ☐ Addition **DiR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

TITLE **President - D**
NAME **Armstrong, Angie**
STREET ADDRESS **4471 Autumn River Road, E.**
CITY-ST-ZIP **Jacksonville, FL 32224**
☒ Change ☐ Addition **DiR**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03

Date

904 268-0753

Daytime Phone #

CR2E037 (10/02)