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**Mar 06, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N40748**

1. Corporation Name

**SOUTH FLORIDA JUNIOR VOLLEYBALL CLUB, INC.**

181329-90073-76 9 \*

Principal Place of Business

13125 S.W. 72 ST  
 MIAMI FL 33183  
 US

Mailing Address

11833 SW 273 ST.  
 MIAMI FL 33032



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/05/1990

4. FEI Number

65-0236884

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PEREIRA, JOSEPH A JR.  
 10300 S.W. 72ND STREET, #470C  
 MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  DELETE  
 NAME GIBSON, STEPHANIE  
 STREET ADDRESS 11833 SW 273 ST.  
 CITY-ST-ZIP MIAMI FL 33183

TITLE VD  DELETE  
 NAME FIELOS, WILLIAM  
 STREET ADDRESS 13125 SW 72 ST  
 CITY-ST-ZIP MIAMI FL

TITLE SD  DELETE  
 NAME MCCOY, JENNIFER  
 STREET ADDRESS 14101 SW 66 ST APT. A3  
 CITY-ST-ZIP MIAMI FL 33183

TITLE D  DELETE  
 NAME PEREIRA, JOSEPH A JR.  
 STREET ADDRESS 11135 S.W. 70TH TERRACE  
 CITY-ST-ZIP MIAMI FL

TITLE TD  DELETE  
 NAME NICHOLSON, ARLENE  
 STREET ADDRESS 13125 S.W. 72 ST  
 CITY-ST-ZIP MIAMI FL 33183

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME V/D FRANCISCO PEON  
 2.3 STREET ADDRESS 6315 SW 138 CT #7-  
 2.4 CITY-ST-ZIP MIAMI FL 33183

3.1 TITLE  Change  Addition  
 3.2 NAME S/D CARYN CORTRIGHT  
 3.3 STREET ADDRESS 7974 SW 146 CT  
 3.4 CITY-ST-ZIP MIAMI, FL 33183

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

2/26/99 305 385-4255  
 Date Daytime Phone #

CR2E037 (11/98)