

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:10

DOCUMENT # N94000001441 (4)

1. Corporation Name

PENSACOLA INTERNATIONAL JUNIOR VOLLEYBALL CLUB,
INC.

Principal Place of Business

Mailing Address

6530 EL PRESIDEO DR.
PENSACOLA FL 32504

6530 EL PRESIDEO DR.
PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/23/1994

4. FEI Number

59-3251430

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 6530 EL PRESIDEO DR

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PENSACOLA

27

City & State

City & State

23 PENSACOLA FL

28

Zip

Country

Zip

Country

24 32504

25

USA

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

MW ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEBER, MELODY M
6530 EL PRESIDEO DR.
PENSACOLA FL 32504

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WEBER, MELODY M President
STREET ADDRESS 6530 EL PRESIDEO DR.
CITY - ST - ZIP PENSACOLA FL 32504

TITLE Vice president D
NAME Judy Pace
STREET ADDRESS 67 STAR LAKE DR
CITY - ST - ZIP PENSACOLA FL 32507

TITLE ~~SECRETARY~~ CORRESPONDING SEC
NAME SAM RYLE
STREET ADDRESS 2452 W Bayshore Rd
CITY - ST - ZIP GULF BREEZE, FL 32561

TITLE TREASURER
NAME JOY LEADER D
STREET ADDRESS 5640 TARPON CT
CITY - ST - ZIP MILTON, FL 32583

TITLE ASST TREASURER
NAME KIM KAISER
STREET ADDRESS 14100 RIVER ROAD # 117A
CITY - ST - ZIP PENSACOLA FL 32507

TITLE AT LARGE
NAME RANDY POUNDERS
STREET ADDRESS 3440 ARIZONA DR
CITY - ST - ZIP PENSACOLA FL 32504

11 TITLE AT LARGE ☐ Change ☐ Addition

12 NAME MELVIN LEADER

13 STREET ADDRESS 5640 TARPON CT

14 CITY - ST - ZIP PENSACOLA, FL 32583

21 TITLE RECORDING SEC ☐ Change ☐ Addition

22 NAME JANE KAISER

23 STREET ADDRESS 14100 RIVER ROAD # 117A

24 CITY - ST - ZIP PENSACOLA FL 32507

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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.

SIGNATURE:

Judy Pace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed Name