

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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
US**

**6530 EL PRESIDEO DR.
PENSACOLA FL 32504**

3. Date Incorporated or Qualified
03/23/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3251430

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

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

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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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 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 shall appear on

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
WEBER, MELODY M**
STREET ADDRESS **6530 EL PRESIDEO DR.**
CITY-STATE-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **VPD
PACE, JUDY**
STREET ADDRESS **67 STAR LAKE DR**
CITY-STATE-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **CS
RYLE, SAM**
STREET ADDRESS **2452 W BAYSHORE RD**
CITY-STATE-ZIP **GULF BREEZE FL**

TITLE ☒ DELETE

NAME **TD
LEADER, JOY**
STREET ADDRESS **5640 TARPON CT**
CITY-STATE-ZIP **MILTON FL**

TITLE ☒ DELETE

NAME **AT
KAISER, KIM**
STREET ADDRESS **14100 RIVER ROAD #117A**
CITY-STATE-ZIP **PENSACOLA FL**

TITLE ☐ DELETE

NAME **D
POUNDERS, RANDY**
STREET ADDRESS **3440 ARIZONA DR**
CITY-STATE-ZIP **PENSACOLA FL**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

**TO
KIM KAISER
14100 RIVER ROAD #117A
PENSACOLA, FL 32504
Secretary Recording
JANE KAISER
14100 RIVER ROAD #117A
PENSACOLA, FL 32504**

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MELODY M WEBER

**1-18-96 (964)
4763450**

Date

Daytime Phone #

CR2E037 (12/95)