

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 # N94000005848 (6)

1. Corporation Name

OPTIMIST VOLLEYBALL ASSOCIATION, INCORPORATED



Principal Place of Business

Mailing Address

6829 WALDEN CIRCLE
TALLAHASSEE FL 32311

6829 WALDEN CIRCLE
TALLAHASSEE FL 32311

3. Date Incorporated or Qualified
11/29/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

City & State

City & State

23

28

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

24

25

Country

29

30

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLEAKLEY, SARAH M
315 S. CALHOUN STREET
SUITE 800
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MILLER, THOMAS W
STREET ADDRESS C/O 6829 WALDEN CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE PD ☐ DELETE
NAME SMITH, ROD
STREET ADDRESS C/O 6829 WALDEN CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32311

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KNOX, CAROL A
STREET ADDRESS C/O 6829 WALDEN CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32311

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BLEAKLEY, SARAH M
STREET ADDRESS C/O 6829 WALDEN CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE STD ☐ DELETE
NAME BARNES, KAREN S
STREET ADDRESS C/O 6829 WALDEN CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32311

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

TITLE D ☐ DELETE
NAME JENSEN, PETER
STREET ADDRESS C/O 6829 WALDEN CIRCLE
CITY-ST-ZIP TALLAHASSEE FL 32311

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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: Sarah M. Bleakley Sarah M. Bleakley 3-17-96 904-224-4070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)