

FILE NOW: FILING FEE IS \$61.25

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**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90028 004 \*\*\*\*61.25

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N94000005848**

1. Corporation Name  
**OPTIMIST VOLLEYBALL ASSOCIATION, INCORPORATED**

Principal Place of Business  
 1503 WEKEWA NENE  
 TALLAHASSEE FL 32301

Mailing Address  
 1503 WEKEWA NENE  
 TALLAHASSEE FL 32301



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/29/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>NOT APPLICABLE</b>	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BLEAKLEY, SARAH M</b> <b>315 S. CALHOUN STREET</b> <b>SUITE 800</b> <b>TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Christian Weiss PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, THOMAS W</b>		1.2 NAME	<b>1701 Cherokee Dr</b>	
STREET ADDRESS	<b>1503 WEKEVA NENE</b>		1.3 STREET ADDRESS	<b>Tallahassee, FL 32301</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>		1.4 CITY-ST-ZIP		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>Carmy Greenwood VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ROD</b>		2.2 NAME	<b>8658 Cabin Hill Road</b>	
STREET ADDRESS	<b>1503 WEKEVA NENE</b>		2.3 STREET ADDRESS	<b>Tallahassee, FL 32311</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>		2.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KNOX, CAROL A</b>		3.2 NAME		
STREET ADDRESS	<b>1503 WEKEVA NENE</b>		3.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>		3.4 CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLEAKLEY, SARAH M</b>		4.2 NAME		
STREET ADDRESS	<b>1503 WEKEVA NENE</b>		4.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>		4.4 CITY-ST-ZIP		
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNES, KAREN S</b>		5.2 NAME	<b>Jim Cox</b>	
STREET ADDRESS	<b>1503 WEKEVA NENE</b>		5.3 STREET ADDRESS	<b>1503 wekeva nene</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>		5.4 CITY-ST-ZIP	<b>Tallahassee, FL 32301</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENSEN, PETER</b>		6.2 NAME		
STREET ADDRESS	<b>1503 WEKEVA NENE</b>		6.3 STREET ADDRESS		
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>		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: *Jim Cox* SIGNATURE REQUIRED **Jim Cox** 5-30-99 850-942-2489  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)