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May 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N95000000027 (1)**

1. Corporation Name

HARBOUR CITY JUNIORS VOLLEYBALL CLUB, INC.

Principal Place of Business

**250 NEVILLE CIRCLE NE
PALM BAY FL 32907**

Mailing Address

~~**150 W. UNIVERSITY BLVD.
FIT BOX 6004
MELBOURNE FL 32901-8982**~~



3. Date Incorporated or Qualified
01/03/1995

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21
Suite, Apt. #, etc.

City & State

23

Zip Country

24

2a. Mailing Address

26 **250 Neville Circle NE**

Suite, Apt. #, etc.

City & State

28 **PALM BAY, FL**

Zip

29 **32907**

30 **BREVARD**

4. FEI Number
59-3295204

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

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

9. Name and Address of Current Registered Agent

**JACOBS, MITCH
250 NEVILLE CIRCLE NE
PALM BAY FL 32907**

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 **PTSD** ☐ DELETE
NAME **JACOBS, MITCH**
STREET ADDRESS **250 NEVILLE CIRCLE NE**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ DELETE
NAME **KILTAU, LAURA**
STREET ADDRESS **1216 E RIVER DR**
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ DELETE
NAME **JACOBS, ALAN**
STREET ADDRESS **7751 ARCADIA**
CITY-ST-ZIP **MORTON GROVE IL 60053**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 do 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.

SIGNATURE:

Michael A. Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0018445**

CR2E037 (9/96)

4/21/97 407-984-9130