

# 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 # **N95000001970 (1)**  
1. Corporation Name

**GAINESVILLE JUNIORS VOLLEYBALL CLUB, INC.**



Principal Place of Business

Mailing Address

PO BOX 24  
GAINESVILLE FL 32602

PO BOX 24  
GAINESVILLE FL 32602

3. Date Incorporated or Qualified **04/19/1995** 3a. Date of Last Report **N/A**

2. Principal Place of Business

2a. Mailing Address

21 **PO Box 19**

26 **PO Box 19**

4. FEI Number **59-3313713** Applied For ☐ Not Applicable ☒

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23 City & State **Gainesville, FL**

28 City & State **Gainesville, FL**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **32602**

25 Country **Alachua**

29 Zip **32602**

30 Country **Alachua**

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

**TOUGAW, TERRY L  
1225 NE 20TH PLACE  
GAINESVILLE FL 32609**

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 617.1509, 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.

**30 April 1996**

SIGNATURE

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **President**  
STREET ADDRESS **Terry L. Tougaw**  
CITY-ST-ZIP **1225 NE 20th PL**  
**Gainesville, FL 32609**

TITLE ☐ DELETE  
NAME **Secretary**  
STREET ADDRESS **Loretta Fauerback**  
CITY-ST-ZIP **2416 NW 32 Street**  
**Gainesville, FL 32605**

TITLE ☐ DELETE  
NAME **Treasurer**  
STREET ADDRESS **Wilshire Walkup**  
CITY-ST-ZIP **127 Cygnet Lane**  
**Melrose, FL 32606**

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

**400001919734**  
**-08/13/96--01027--002**

**\*\*\*70.00**

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)(a), 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

**(352) 955-7591**  
**30 April 1996**

Date

Daytime Phone #

CR2E037 (12/95)