FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

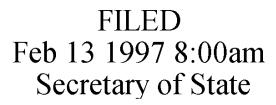
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # N9500001970 (1)

GAINESVILLE JUNIORS VOLLEYBALL CLUB, INC.





Principal Plac	e of Business								
PO BOX 19 GAINESVILLE FL	32602	PO BOX 19 Gainesville FL 32602-00'	19						
						3. Date Incorporated or Qualified 04/19/1995		ite of Last Ro 18/12/199	
Principal Place of Business 28. Mailing Address						4. FEI Number		Ap	plied For
21	26				59-3313713			t Applicable	
Suite, Apt.	·	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	<u> </u>	untry	,	8. This corporation has liability for i			199.032,
24	[25]	29]	30					No	
	9. Name and Address of Curn	ent Registered Agent		81	Name	10. Name and Address of New Re	gistered /	Agent	
					Name				
TOUGAW, TERRY L				82	Street Add	idress (P.O. Box Number is Not Acceptable)			
1225 NE 20TH PLACE GAINESVILLE FL 32609				63					
CAUNESY	ille el seous			_		·			
				84	City		FL	85 Zip (Code
SIGNATURE	Signature, typed or printed name of registered a	agent and title if applicable. (NK	TE: Register	ed Age		tion's board of directors. I hereby acceptions to the second of directors. I hereby acceptions to the second of th	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	Change	S IN 12 Addition
TITLE	PD TOLICAM TERROY I	☐ DETEIF	- 1	TITLE NAME				L'') CHANGE	Augilion
STREET ADDRESS	TOUGAW, TERRY L. 1225 NE 20TH PL.				ADDRESS				
CITY - ST - ZIP	GAINESVILLE FL				ST-ZIP				
TITLE	SD	DELETE		TITLE				Change	Addition
NAME	FAUERBACK, LORETTA		2.2 NAM		Í				
STREET ADDRESS	2416 NW 32ND ST.		2.3	STREET	ADDRESS				
CiTY-ST-ZIP	GAINESVILLE FL 32605		2. 4 CITY		ST-ZIP		·		
TITLE	TD	DELETE	3.1	TITLE	Ĭ			Change	Addition
NAME	WALKUP, WILSHIRE			NAME					
STREET ADDRESS	127 CYGNET LANE				ADDRESS				
CITY-ST-ZIP	MELROSE FL 32606	DELETE			ST - ZIP			☐ Change	Addition
TITLE NAME		□ perci€		title Name	1			□ cuants	1I ADUILION
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP			. 1		ST-ZIP				
TITLE		☐ DELETE		TITLE), £31		····	☐ Change	Addition
NAME				NAME	Ì			•	
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP					ST-ZIP	A			
TITLE		DELETE		TITLE				Change	Addition
NAME	J		6.2	NAME	1	u .			
STREET ADDRESS		•	6.3	STREET	T ADDRESS	1.5			
CITY-ST-ZIP			6.4	CITY-5	ST - ZIP				

14. I do hereby certily 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 direction 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 if Block 13 if changed in an attachment with an address.

SIGNATURE