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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90030 010 \*\*\*\*61.25

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1. Corporation Name

GAINESVILLE JUNIORS VOLLEYBALL CLUB, INC.

Principal Place of Business

PO BOX 19  
GAINESVILLE FL 32602

Mailing Address

PO BOX 19  
GAINESVILLE FL 32602



2. Principal Place of Business

3669 SW 2ND AVE

Suite, Apt. #, etc.

City & State  
GAINESVILLE

Zip Country  
32607 USA

2a. Mailing Address

3669 SW 2ND AVE

Suite, Apt. #, etc.

City & State  
GAINESVILLE

Zip Country  
FL USA

3. Date Incorporated or Qualified

04/19/1995

4. FEI Number

59-3313713

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

CHIP WILLIAMS

82 Street Address (P.O. Box Number is Not Acceptable)

3669 SW 2ND AVE

83

84 City

GAINESVILLE

FL

85 Zip Code

32607

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

1/15/99

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME TOUGAW, TERRY L  
STREET ADDRESS 1225 NE 20TH PL.  
CITY-ST-ZIP GAINESVILLE FL

TITLE SD ☐ DELETE

NAME FAUERBACK, LORETTA  
STREET ADDRESS 2416 NW 32ND ST.  
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE TD ☐ DELETE

NAME WALKUP, WILSHIRE  
STREET ADDRESS 127 CYGNET LANE  
CITY-ST-ZIP 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 PD. ☒ Change ☐ Addition

1.2 NAME CHIP WILLIAMS  
1.3 STREET ADDRESS 2731 SW 4TH PLACE  
1.4 CITY-ST-ZIP GAINESVILLE, FL 32607

2.1 TITLE SD. ☒ Change ☐ Addition

2.2 NAME TERRY TOUGAW  
2.3 STREET ADDRESS 1225 NE 20TH PLACE  
2.4 CITY-ST-ZIP GAINESVILLE, FL 32602

3.1 TITLE TO. ☒ Change ☐ Addition

3.2 NAME TONY ANDRES  
3.3 STREET ADDRESS 2915 NW 23RD AVE  
3.4 CITY-ST-ZIP GAINESVILLE, FL 32605

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 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:

SIGNATURE REQUIRED

1/15/99

CR2E037 (1/98)