


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000380 (3)**

1. Corporation Name

**BLAZE JUNIOR VOLLEYBALL CLUB, INC.**



Principal Place of Business <b>253 DEERWOOD CIRCLE MIDDLEBURG FL 32068</b>	Mailing Address <b>253 DEERWOOD CIRCLE MIDDLEBURG FL 32068</b>
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3. Date Incorporated or Qualified <b>01/18/1996</b>	4. FEI Number <b>59-3384926</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PATRICK, SUE ELLEN  
253 DEERWOOD CIRCLE  
MIDDLEBURG FL 32068**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 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	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PATRICK, SUE ELLEN</b>	
STREET ADDRESS	<b>253 DEERWOOD CIR</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>ZERZA, NANCY</b>	
STREET ADDRESS	<b>2739 DENNIS DRIVE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SPOONER, PAMELA</b>	
STREET ADDRESS	<b>2564 BOTTOMRIDGE DR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PREWITT, CARRIE</b>	
STREET ADDRESS	<b>5089 N CHICORY</b>	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>D Phillip Holste</b>	
1.3 STREET ADDRESS	<b>01822 Bear Run Blvd</b>	
1.4 CITY-ST-ZIP	<b>Orange Park FL 32065</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D Jim Hughes</b>	
2.3 STREET ADDRESS	<b>3411 Shenandoah Dr W</b>	
2.4 CITY-ST-ZIP	<b>Orange Park FL 32065</b>	
3.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>T Angie Holste</b>	
3.3 STREET ADDRESS	<b>1828 Bear Run Blvd</b>	
3.4 CITY-ST-ZIP	<b>Orange Park FL 32065</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Sue Ellen Patrick</b>	
4.3 STREET ADDRESS	<b>253 Deerwood Cir</b>	
4.4 CITY-ST-ZIP	<b>Middleburg Fla 32068</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*Sue Ellen Patrick*

*Sue Ellen Patrick 2.12.98 904-272-2099*

CR2E037 (10/97)