

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000366

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** TREASURE COAST VOLLEYBALL, INC.

**Current Principal Place of Business:**

P. O. BOX 1706  
STUART, FL 34995 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1706  
STUART, FL 34995 US

**New Mailing Address:**

FEI Number: 65-0725938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKIDMORE, STEPHANIE  
1291 PARKVIEW PLACE #18  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

TRIPP, PAUL  
5288 EAGLE LAKE DRIVE  
PALM BEACH GARDENS, FL 33418 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL TRIPP

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SKIDMORE, STEPHANIE  
Address: 1291 PARKVIEW PLACE #18  
City-St-Zip: STUART, FL 34994

Title: T  
Name: TRIPP, PAUL  
Address: 5288 EAGLE LAKE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: A  
Name: TRIPP, PATTI  
Address: 5288 EAGLE LAKE DR  
City-St-Zip: JUPITER, FL 33418

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL TRIPP

T

01/06/2010

Electronic Signature of Signing Officer or Director

Date