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Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003711 (5)

1. Corporation Name

DISABLED SPORTS USA VOLLEYBALL, INC.

Principal Place of Business

921 N. VILLAGE LAKE DRIVE  
DELAND FL 32724

Mailing Address

921 N. VILLAGE LAKE DRIVE  
DELAND FL 32724



3. Date Incorporated or Qualified

06/26/1997

4. FEI Number

59-3453524

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COGGINS, PARTICK DR.  
421 N. WOODLAND BOULEVARD  
DELAND FL 32724

81 Name

Chris Seilkop

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

921 N. Village Lake Dr.

83

84 City

DeLand

FL

85 Zip Code

32724

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

Chris Seilkop, Chris Seilkop, Treasurer

(NOTE: Registered Agent signature required when reinstating)

1/6/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME SEILKOP, CHRIS  
STREET ADDRESS 921 NORTH VILLAGE DRIVE  
CITY-ST-ZIP DELAND FL 32724

TITLE ☐ DELETE  
NAME Coggins, Patrick D.  
STREET ADDRESS 421 N. Woodland Blvd.  
CITY-ST-ZIP Deland, FL 32724

TITLE ☐ DELETE  
NAME Lee, Dennis  
STREET ADDRESS 4416 Pine Cove Rd  
CITY-ST-ZIP Greensboro, NC 27410

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

Chris Seilkop, Chris Seilkop

1/6/98

904-736-6000

CR2E037 (10/97)