

APPROVED
AND
FILED

02-23-1999 90095 010 ****61,25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 17 AM 10:21 02-23-1999 90095 010 ****61.25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # N97000003711					
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			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/26/1997	
22 City & State		27 City & State		4. FEI Number 59-3453524	
23 Zip		28 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SEIKOP, CHRIS 921 N VILLAGE LAKE DR DELAND FL 32724			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL 32724		
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 <i>Chris Seikop</i> DATE 1/19/99					
(NOTE: Registered Agent signature required when registering)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
SEIKOP, CHRIS 921 NORTH VILLAGE DRIVE DELAND FL 32724			Secretary Jeff Munn 4504 Secret Trail Court Sugar Hill, GA 30518		
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
COGGINS, PATRICK D 421 N WOODLAND BLVD DELAND FL 32724					
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
LEE, DENNIS 4410 PINE CONE RD GREENSBORO NC 27410					
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Joe Sullivan 4505 Fort McHenry Pkwy Glen Allen, VA 23060					
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SIGNATURE: *Ch* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

1/15/99 (904) 822-4703

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Deanna Brown

CR2E037 (11/98)