


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90100 033 \*\*\*\*61.25

<b>DOCUMENT # N97000006447</b>					
1. Entity Name INDIAN RIVER JUNIORS VOLLEYBALL CLUB, INC.					
Principal Place of Business 12655 93RD STREET FELLSMERE, FL 32948 US			Mailing Address 12655 93RD STREET FELLSMERE, FL 32948 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3477809	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCCALL, BONNIE 12655 93RD STREET FELLSMERE, FL 32948				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COSTE, BONNIE		NAME		
STREET ADDRESS	2481 SE WATERCREST STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCALL, BONNIE		NAME		
STREET ADDRESS	12655 93RD STREET		STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE, FL 32948		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNEY, CONNIE		NAME		
STREET ADDRESS	1550 PENLYNN STREET		STREET ADDRESS		
CITY-ST-ZIP	SEBASTIAN, FL 32958		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCALL, MIKE		NAME		
STREET ADDRESS	12655 93RD STREET		STREET ADDRESS		
CITY-ST-ZIP	FELLSMERE, FL 32948		CITY-ST-ZIP		
TITLE	MD	<input type="checkbox"/> Delete	TITLE	S-Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, CAROLYN		NAME		
STREET ADDRESS	3010 LOST TREE BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 34981		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Joe Mossali	
STREET ADDRESS			STREET ADDRESS	211 Degan Place	
CITY-ST-ZIP			CITY-ST-ZIP	Sebastian, FL 32958	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Connie Barney</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1/26/04</u> Time Phone #: <u>772-562-0061</u>	