


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006447
 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

DO NOT WRITE IN THIS SPACE



01072005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3477809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCCALL, BONNIE
12655 93RD STREET
FELLSMERE, FL 32948

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCALL, BONNIE 12655 93RD STREET FELLSMERE, FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNEY, CONNIE 1550 PENLYNN STREET SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCALL, MIKE 12655 93RD STREET FELLSMERE, FL 32948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, CAROLYN 3010 LOST TREE BLVD FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD MOSSALI, JOE 211 DEGAN PLACE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000211601
 02/02/05-80125-025 61.25

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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: *Bonnie A. McCall* **BONNIE A. MCCALL** *1/19/05* **772-564-4232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #