


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 20, 2006 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
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01082006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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	

1000000393196
 01/25/06-80011-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 1/17/06 772-904-4233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #