

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006447

FILED
Feb 22, 2009
Secretary of State

Entity Name: RIVERS VOLLEYBALL CLUB, INC.

Current Principal Place of Business:

1867 20TH AVE.
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 644115
VERO BEACH, FL 32964

New Mailing Address:

FEI Number: 59-3477809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

USINA, TODD
1867 20TH AVE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: USINA, TODD
Address: 1867 20TH AVE
City-St-Zip: VERO BEACH, FL 32960

Title: VP1 () Delete
Name: ZIMMERMAN, CHAD
Address: 345 23RD AVE
City-St-Zip: VERO BEACH, FL 32962

Title: VP2 () Delete
Name: CLOUGH, SARAH
Address: 885 SCHUMANN DR
City-St-Zip: SEBASTIAN, FL 32958

Title: T () Delete
Name: MORIARTY, PATRICK
Address: 585 32ND CT SW
City-St-Zip: VERO BEACH, FL 32968

Title: S () Delete
Name: KNIGHT, DAVE
Address: 80 ROYAL PALM POINTE - SUITE 401
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK MORIARTY

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02/22/2009

Electronic Signature of Signing Officer or Director

Date