

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006447

**FILED**  
**Apr 01, 2010**  
**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  
Name: USINA, TODD  
Address: 1867 20TH AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: VP1  
Name: WIGGINTON, BROOKE  
Address: 1255 9TH CT SW  
City-St-Zip: VERO BEACH, FL 32962

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PATRICK MORIARTY

TREA

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date