

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90180 038 ****61.25

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**

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**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MCCALL, BONNIE
12655 93RD STREET
FELLSMERE FL 32948**

7. Name and Address of New Registered Agent

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 _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
SD	COSTE, BONNIE	2481 SE WATERCREST STREET	PORT SAINT LUCIE FL 34984				
PD	MCCALL, BONNIE	12655 93RD STREET	FELLSMERE FL 32948				
TD	BARNEY, CONNIE	1550 PENLYNN STREET	SEBASTIAN FL 32958				
VD	MCCALL, MIKE	12655 93RD STREET	FELLSMERE FL 32948				
MD	HENDERSON, CAROLYN	3010 LOST TREE BLVD	FORT PIERCE FL 34981				

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 C. McCall 2/24/03 (772) 564-4233

CR2E037 (10/02)