

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000541

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: CAPE COAST VOLLEYBALL CLUB, INC.

**Current Principal Place of Business:**

5334 JUDSON RD  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 541472  
MERRITT ISLAND, FL 32954

**New Mailing Address:**

FEI Number: 59-2957975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DENABURG, CONNIE  
5334 JUDSON RD  
MERRITT ISLAND, FL 32953 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: DENABURG, CONNIE  
Address: 5334 JUDSON RD  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: AD ( ) Delete  
Name: AUSTIN, ROSEMARY  
Address: 230 MEADOWBROOK AVE  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: T ( ) Delete  
Name: SNYDER, KAREN  
Address: 3120 SOUTHERN OAKS DR.  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S ( ) Delete  
Name: SMITH, MELINDA  
Address: 1930 MATTE DR.  
City-St-Zip: MELBOURNE, FL 32935

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: AD (X) Change ( ) Addition  
Name: HEDDLESTEN, STEVE  
Address: 4040 LIBBY COURT  
City-St-Zip: MERRITT ISLAND, FL 32952

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 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: CONNIE DENABURG

D

01/30/2007

Electronic Signature of Signing Officer or Director

Date