2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

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Entity Name: CAPE COAST VOLLEYBALL CLUB, INC.

Current Principal Place of Business:

5334 JUDSON RD
MERRITT ISLAND, FL 32953

New Principal Place of Business:

386 COMMERCE PARKWAY
ROCKLEDGE, FL 32955

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: HEDDLESTEN, STEVE
Address: 4040 LIBBY COURT
City-St-Zip: MERRITT ISLAND, FL 32952

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition
Name: DENABURG, CONNIE
Address: 5334 JUDSON RD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TREA (X) Change ( ) Addition
Name: SMITH, BECKY
Address: 1552 WINWARD DR.
City-St-Zip: MELBOURNE, FL 32935

Title: REP (X) Change ( ) Addition
Name: BOLTON, DAREN
Address: 900 PASTURE LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: SEC (X) Change ( ) Addition
Name: SMITH, MELINDA
Address: 1930 MATTE DR.
City-St-Zip: MELBOURNE, FL 32935

Title: REF ( ) Change (X) Addition
Name: WILLIAMS, TERRY
Address: 5334 JUDSON RD.
City-St-Zip: MERRITT ISLAND, FL 32953

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: CONNIE DENABURG DIR 03/05/2008

Electronic Signature of Signing Officer or Director — Date