

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 25, 2008
Secretary of State

DOCUMENT# N99000000541

Entity Name: CAPE COAST VOLLEYBALL CLUB, INC.**Current Principal Place of Business:**386 COMMERCE PARKWAY
ROCKLEDGE, FL 32955**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:** DIR () Delete
Name: DENABURG, CONNIE
Address: 5334 JUDSON RD
City-St-Zip: MERRITT ISLAND, FL 32953**Title:** TREA () Delete
Name: SMITH, BECKY
Address: 1552 WINWARD DR.
City-St-Zip: MELBOURNE, FL 32935**Title:** REP () Delete
Name: BOLTON, DAREN
Address: 900 PASTURE LANE
City-St-Zip: ROCKLEDGE, FL 32955**Title:** SEC () Delete
Name: SMITH, MELINDA
Address: 1930 MATTE DR.
City-St-Zip: MELBOURNE, FL 32935**Title:** REF () Delete
Name: WILLIAMS, TERRY
Address: 5334 JUDSON RD.
City-St-Zip: MERRITT ISLAND, FL 32953**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** SEC (X) Change () Addition
Name: KLEIN, DONNA
Address: 3573 BAYFIELD ST
City-St-Zip: COCOA, FL 32926**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** REP () Change (X) Addition
Name: VANDERVEER, PAMELA
Address: 3443 FORT NELSON LANE
City-St-Zip: MELBOURNE, FL 32934

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

11/25/2008

Electronic Signature of Signing Officer or Director

Date