2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2010
Secretary of State

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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: 59-3572816 **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
Name: DENABURG, CONNIE
Address: 5334 JUDSON RD
City-St-Zip: MERRITT ISLAND, FL 32953

Title: TREA
Name: SMITH, BECKY
Address: 1552 WINWARD DR.
City-St-Zip: MELBOURNE, FL 32935

Title: REP
Name: BOLTON, DAREN
Address: 900 PASTURE LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: SEC
Name: KLEIN, DONNA
Address: 3573 BAYFIELD ST
City-St-Zip: COCOA, FL 32926

Title: REP
Name: HANSEN, ROBERT
Address: 689 MILLWHEEL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: REP
Name: VANDERVEER, PAMELA
Address: 3443 FORT NELSON LANE
City-St-Zip: MELBOURNE, FL 32934

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: CONNIE DENABURG DIRE 02/05/2010

Electronic Signature of Signing Officer or Director — Date