

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000541

FILED  
Mar 22, 2012  
Secretary of State

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: REP  
Name: JOHNSON, DREW  
Address: 1760 HIDDEN LAKE DRIVE  
City-St-Zip: ROCKLEGE, FL 32955

Title: COA  
Name: HOLLABAUGH, ROBERT  
Address: 802 NATURE LANE  
City-St-Zip: COCOA, FL 32955

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

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date