2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jul 22, 2004 8:00 am Secretary of State

DOCUMENT # N99000003092 07-22-2004 90004 007 ****61.25 PANAMA CITY JUNIOR VOLLEYBALL CLUB, INC. Principal Place of Business Mailing Address 54064394 1607 SYDNEK TER Cane 1607 SYDNEY LAND Lane LYNN HAREN Lynd Haren LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 04122004 Chg-NP CR2E037 (10/03) -Same 4. FEI Number 59-3575295 City & State Applied For Not Applicable Country_ Zip _____ __ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FUNKHOVER, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 1607 SYDNEY LANE LYNN HAVEN, FL 32444 Zip Code 4.4 8. 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. I am familiar with, and accept the obligations of registered agent, and them SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WHITTON, RENNES: NAME NAME 4401 CINDY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LYNN HAVEN, FL 32444 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ★ Addition Tammi Stundon P.O. Box 18572 BUNDY, SHEKA NAME NAME STREET ADDRESS 1607 SYDEY LANE STREET ADDRESS LYNN HAVEN, FL 32444 CITY-ST-ZIP CITY-ST-ZIP Panama City Buch FL 32417 SD TITLE ☐ Delete TITLE Anika Ston SMITH, ROBIN NAME NAME 3727 GREENTREE PLACE STREET ADDRESS STREET ADDRESS Parama Gy, F. 32417 PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP TD TITLE ☐ Delete TITLE ☐ Addition Robin Smith LEWIS, JEBRY NAME NAME 3797 Greentree Place 1607 SHONEY LANE STREET ADDRESS STREET ADDRESS LYNN HAVEN, FL 32444 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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24bord SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6/04

Daytime Phone #

Division of Corporations

Attenhments 5406439

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