

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-22-2004 90004 007 ****61.25

DOCUMENT # N99000003092 1. Entity Name PANAMA CITY JUNIOR VOLLEYBALL CLUB, INC.			
Principal Place of Business 1607 SYDNEY LANE LYNN HAVEN, FL 32444		Mailing Address 1607 SYDNEY LANE LYNN HAVEN, FL 32444	
2. Principal Place of Business Robin Smith Suite, Apt. #, etc. 3732 Greentree Place City & State Panama City, FL Zip 32405		3. Mailing Address ← Same Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 59-3575295		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FUNKHOVER, DEBORAH 1607 SYDNEY LANE LYNN HAVEN, FL 32444		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. SIGNATURE <u>Deborah Funkhouser</u> DATE <u>4/14/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WHITTON, RENNE 4401 CINDY LANE LYNN HAVEN, FL 32444	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUNDY, SHEILA 1607 SYDNEY LANE LYNN HAVEN, FL 32444	☐ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, ROBIN 3727 GREENTREE PLACE PANAMA CITY, FL 32405	☐ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, JERRY 1607 SYDNEY LANE LYNN HAVEN, FL 32444	☐ Delete	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tammi Stundon P.O. Box 18572 Panama City Beach, FL 32417	☐ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anika Stary P.O. Box 18415 Panama City, FL 32417	☐ Delete	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robin Smith 3732 Greentree Place Panama City, FL 32405	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anika Stary P.O. Box 18415 Panama City, FL 32417	☐ Delete	☐ Change ☒ Addition
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.			
SIGNATURE: <u>Deborah Funkhouser</u>		Date <u>7/6/04</u> Daytime Phone #	



Division of Corporations

Receipt

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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\$61.25

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* I was under the impression that I had paid this with my VISA online, we are enclosing a check now. Please do not dissolve our corporation

D. Furbush