

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003092

FILED
Apr 30, 2005
Secretary of State

Entity Name: PANAMA CITY JUNIOR VOLLEYBALL CLUB, INC.

Current Principal Place of Business:

ROBIN SMITH
3732 GREENTREE PLACE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

ROBIN SMITH
3732 GREENTREE PLACE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 59-3575295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUNKHOVER, DEBORAH
1607 SYDNEY LANE
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

SMITH, ROBIN G
3732 GREENTREE PLACE
PANAMA CITY, FL 32405 US

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: ROBIN G. SMITH

04/30/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WHITTON, RENNE
Address: 4401 CINDY LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete
Name: STUNDON, TAMMI
Address: P.O. BOX 18572
City-St-Zip: PANAMA CITY, FL 32417

Title: SD () Delete
Name: STARY, ANIKA
Address: P.O. BOX 18415
City-St-Zip: PANAMA CITY, FL 32417

Title: TD (X) Delete
Name: SMITH, ROBIN
Address: 3722 GREENTREE PLACE
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BEDFORD, TERRI
Address: PO BOX 356
City-St-Zip: LYNN HAVEN, F 32444

Title: D (X) Change () Addition
Name: BORTNICK, KRISTEN
Address: PO BOX 356
City-St-Zip: LYNN HAVEN, F 32444

Title: TD (X) Change () Addition
Name: SMITH, ROBIN G
Address: 3732 GREENTREE PLACE
City-St-Zip: PANAMA CITY, F 32405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBIN G. SMITH

TD

04/30/2005

Electronic Signature of Signing Officer or Director

Date