2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# N99000003092

Entity Name: MIRACLE STRIP VOLLEYBALL ACADEMY INC

Current Principal Place of Business:

3732 GREENTREE PLACE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, ROBIN G
3732 GREENTREE PLACE
PANAMA CITY, FL 32405 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:	TD	( ) Delete
Name:	SCHULSTADT, TERESA	
Address:	94 OAKLEAF CT	
City-St-Zip:	PANAMA CITY BEACH, FL 32413	
Title:	MCD	( ) Delete
Name:	WOOTEN, TERESA	
Address:	356 FLOYD DR	
City-St-Zip:	LYNN HAVEN, FL 32444	
Title:	CD	( ) Delete
Name:	SMITH, ROBIN G	
Address:	3732 GREENTREE PLACE	
City-St-Zip:	PANAMA CITY, FL 32405	
Title:	SD	( ) Delete
Name:	CEASAR, TELNICIAL	
Address:	707 E. 12TH ST	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	( ) Delete
Name:	EASON, ROB	
Address:	1940 SHERMAN AVE	
City-St-Zip:	PANAMA CITY, FL 32401	
Title:	D	(X) Delete
Name:	HOANG, PHUONG	
Address:	134 MARIN DR	
City-St-Zip:	PANAMA CITY, FL 32405	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 CD 07/07/2008

Electronic Signature of Signing Officer or Director — Date