

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003092

FILED
Apr 10, 2009
Secretary of State

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 ()

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, TELNICAL
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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: CONNER, NICOLE
Address: 831 MAGNOLIA AVENUE
City-St-Zip: PANAMA CITY, FL 32401

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: NICOLE CONNER

TD

04/10/2009

Electronic Signature of Signing Officer or Director

Date