

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006126

FILED
Feb 08, 2008
Secretary of State

Entity Name: TALLAHASSEE VOLLEYBALL ASSOCIATION, INC.

Current Principal Place of Business:

1519 ARGONNE RD
TALLAHASSEE, FL 32308

New Principal Place of Business:

2549 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308

Current Mailing Address:

1519 ARGONNE RD
TALLAHASSEE, FL 32308

New Mailing Address:

2549 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308

FEI Number: 59-3606183

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEISS, CHRISTIAN O
1519 ARGONNE RD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

THOMPSON, WILLIAM J
2549 BARRINGTON CIRCLE
TALLAHASSEE, FL 32308 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: WILLIAM J. THOMPSON

02/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HAWKINS-BROWN, FAYDRE
Address: 1309 NANCY DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DIR () Delete
Name: WEISS, CHRISTIAN
Address: 1519 ARGONNE ROAD
City-St-Zip: TALLAHASSEE, FL 32308

Title: DIR () Delete
Name: LOPEZ, RICK
Address: 4304 OAKMONT
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: THOMPSON, WILLIAM J
Address: 2549 BARRINGTON CIRCLE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TR (X) Change () Addition
Name: GERZINA, LEE
Address: 2192 GATES DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

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

Title: DIR () Change (X) Addition
Name: HAWKINS-BROWN, FAYDRE
Address: 1301 NANCY DR.
City-St-Zip: TALLAHASSEE, FL 32301

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: WILLIAM J. THOMPSON

PD

02/08/2008

Electronic Signature of Signing Officer or Director

Date