

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000018758

FILED
Apr 27, 2009
Secretary of State

Entity Name: JOSLYNN GALLOP VOLLEYBALL, INC

Current Principal Place of Business:

ERAU
600 S CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

501 WISTERIA RD.
DAYTONA BEACH, FL 32118

Current Mailing Address:

ERAU
600 S CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114

New Mailing Address:

501 WISTERIA RD.
DAYTONA BEACH, FL 32118

FEI Number: 20-4251225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLOP, JOSLYNN
ERAU
600 S CLYDE MORRIS BLVD
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

GALLOP, JOSLYNN
501 WISTERIA RD.
DAYTONA BEACH, FL 32118 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: _____

04/27/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTS () Delete
Name: GALLOP, JOSLYNN
Address: ERAU, 600 S CLYDE MORRIS BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: GALLOP, JOSLYNN
Address: 501 WISTERIA RD.
City-St-Zip: DAYTONA BEACH, FL 32118

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSLYNN GALLOP

PTS

04/27/2009

Electronic Signature of Signing Officer or Director

Date