

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT #V69421**

1. Entity Name  
**MID-FLORIDA VOLLEYBALL OFFICIALS ASSOCIATION, INC.**



Principal Place of Business  
**3320 MONIKA CIRCLE  
ORLANDO, FL 32812**

Mailing Address  
**PO BOX 560417  
ORLANDO, FL 32856**



02132005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3144259**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WETTACH, JOSEPH C. L.  
315 EAST ROBINSON ST.  
SUITE 600  
ORLANDO, FL 32802**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>FIFER, JEANNE<br>4434 HAYLOCK DRIVE<br>ORLANDO, FL 32807                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>KREVERTER, ROBIN<br>151 TOLL GATE TRAIL<br>LONGWOOD, FL 32750                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>NADEAU, SUE<br>248-1 CORCH HOUSE BLVD<br>ORLANDO, FL 32812                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>DEEGANE, PATRICK<br>696 YOUNGSTOWN PKWY, UNIT 312<br>ALTAMONTE SPRINGS, FL 32714 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LOWE, KENT<br>12788 GILLARD ROAD<br>WINTER GARDEN, FL 34787                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>AMEDED, STEVE<br>2085 RIVERTREE CIRCLE, APT 107<br>ORLANDO, FL 32839             |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Patrick Deegan* **PATRICK DEEGAN**

**2/13/05 407-303-7916**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #