

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000033934

Entity Name: FOSTER VOLLEYBALL CLINICS, INC.**Current Principal Place of Business:**14001 CHRISTIE DRIVE
LARGO, FL 33771**Current Mailing Address:**14001 CHRISTIE DRIVE
LARGO, FL 33771 US**FEI Number:** 26-4738224**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FOSTER, KIMBERLY F
14001 CHRISTIE DRIVE
LARGO, FL 33771 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:** KIMBERLY FOSTER

02/16/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	OTHER	Title	PRESIDENT
Name	FOSTER, MARK	Name	FOSTER, KIMBERLY
Address	14001 CHRISTIE DRIVE	Address	14001 CHRISTIE DRIVE
City-State-Zip:	LARGO FL 33771	City-State-Zip:	LARGO FL 33771
Title	DIRECTOR		
Name	SMALL, TERRY		
Address	8552 PRAIRIE CREEK DRIVE		
City-State-Zip:	TRINITY FL 34655		

I hereby 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 all other like empowered.

SIGNATURE: KIMBERLY FOSTER

PRESIDENT

02/16/2024

Electronic Signature of Signing Officer/Director Detail

Date