


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # NO1000000086 1. Entity Name INDIAN RIVER TENNIS FOUNDATION, INC. |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 2636 LAUREL DRIVE VERO BEACH FL 32960 | Mailing Address 2636 LAUREL DRIVE VERO BEACH FL 32960 |
|---|---|



| | |
|--|--------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suite, Apt #, etc. | Suite, Apt #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E037 (10/06)

| | |
|---|-------------------------------|
| 4. FEI Number 59-3701894 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**BUCK, JAMES
2636 LAUREL DRIVE
VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|
| TITLE | P <input type="checkbox"/> Delete |
| NAME | BUCK, JAMES K |
| STREET ADDRESS | 2636 LAUREL DRIVE |
| CITY-ST-ZIP | VERO BEACH FL 32960 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | COLLINS, THOMAS |
| STREET ADDRESS | 1190 BOUNTY BLVD. |
| CITY-ST-ZIP | VERO BEACH FL 32963 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | NORRIS, CLIFF |
| STREET ADDRESS | 4690 PEBBLE BAY CR. |
| CITY-ST-ZIP | VERO BEACH FL 32963 |
| TITLE | D <input type="checkbox"/> Delete |
| NAME | LEARY, PAUL |
| STREET ADDRESS | 542 WHITE PELICAN CR. |
| CITY-ST-ZIP | VERO BEACH FL 32963 |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 617, 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: *James K Buck* 4/3/07 772 388-9094