

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 19, 2009  
Secretary of State**

DOCUMENT# N01000000086

Entity Name: INDIAN RIVER TENNIS FOUNDATION, INC.

**Current Principal Place of Business:**

2636 LAUREL DRIVE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 64-4401  
VERO BEACH, FL 32964

**New Mailing Address:**

FEI Number: 59-3701894      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: BUCK, JAMES K  
Address: 2636 LAUREL DRIVE  
City-St-Zip: VERO BEACH, FL 32960

Title: SEC      ( ) Delete  
Name: BARNES, DEBRA M  
Address: 8740 SEACREST DRIVE  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: DEBRA BARNES

SEC

03/19/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date