

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 24, 2004
Secretary of State**

DOCUMENT# N01000000863

Entity Name: TENNIS-4-EVERYONE, INC.

Current Principal Place of Business:

415 E INTENDENCIA ST
PENSACOLA, FL 32501

New Principal Place of Business:

415 E INTENDENCIA ST
PENSACOLA, FL 32502

Current Mailing Address:

415 E INTENDENCIA ST
PENSACOLA, FL 32501

New Mailing Address:

415 E INTENDENCIA ST
PENSACOLA, FL 32502

FEI Number: 59-3697411

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALKINS, RITA M
415 E INTENDENCIA ST
PENSACOLA, FL 32501 US

Name and Address of New Registered Agent:

CALKINS, RITA M
415 E INTENDENCIA ST
PENSACOLA, FL 32502 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:

Electronic Signature of Registered Agent

02/24/2004

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CALKINS, RITA M
Address: 415 E INTENDECIA ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: WALKER, CYNTHIA
Address: 2727 SCENIC HWY
City-St-Zip: PENSACOLA, FL 32503

Title: D () Delete
Name: SMITH, MIKE
Address: 862 BERKLEY DRIVE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CALKINS, RITA M
Address: 415 E INTENDECIA ST
City-St-Zip: PENSACOLA, FL 32502

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

Title: D (X) Change () Addition
Name: DOTSON, EDWARD
Address: 800 SHORELINE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RITA CALKINS

Electronic Signature of Signing Officer or Director

D

02/24/2004

Date