2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005
Secretary of State

DOCUMENT# N02000004178

Entity Name: NATIONAL SENIOR WOMEN'S TENNIS FOUNDATION, INC.

Current Principal Place of Business:

100 EVANS LANE, #305D
MANALAPAN, FL 33462

New Principal Place of Business:

Current Mailing Address:

100 EVANS LANE, #305D
MANALAPAN, FL 33462

New Mailing Address:

FEI Number: 30-0087978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, MARGARET L
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401 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: MARGARET L. COOPER, MANAGER 04/08/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WILSON, MARY
Address: 200 EVANS LANE, #305D
City-St-Zip: MANALAPAN, FL 33462

Title: D ( ) Delete
Name: COOPER, MARGARET L
Address: 505 SOUTH FLAGLER DRIVE, SUITE 1100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete
Name: GREER, PAT
Address: 2121 S. FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: MARY WILSON D 04/08/2005
Electronic Signature of Signing Officer or Director Date