## 2007 NOT-FOR-PROFIT CORPORÁTION ANNUAL REPORT

#### **DOCUMENT # N02000004178**

1. Entity Name

INTERNATIONAL SENIOR WOMEN'S TENNIS FOUNDATION, INC.



Principal Place of Business

Mailing Address

100 EVANS LANE, #305D MANALAPAN, FL 33462 100 EVANS LANE, #305D MANALAPAN, FL 33462

## FILED Feb 12, 2007 08:00 AM Secretary of State



### DO NOT WRITE IN THIS SPACE

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01172007	No Chg-NP	CR2E037 (4/06)

4. FEI Number Applied For Not Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401

# DO NOT WRITE IN THIS SPACE

the obligat	tions of registered agent.	the purpose of changing its register	red office or i	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent an	d title if applicable (NOTE: Registers	ed Agent signatur	e required when reinstating)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Fina     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND D	IRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, MARY 200 EVANS LANE, #305D MANALAPAN, FL 33462				U00000632549 02/21/07-80026-019 61.25	
NAME STREET ADDRESS CITY-ST-ZIP	VPT COOPER, MARGARET L				02/21/07-80026-019 61.25	
NAME STREET ADDRESS CITY-ST-ZIP	S GREER, PAT S 2121 S. FLAGLER DRIVE WEST PALM BEACH, FL 33401			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE				
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		*				

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND WITH

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