

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:19

DOCUMENT # **N44591 (8)**
1. Corporation Name
BAY AREA BLACK TENNIS PLAYERS (BABTEP), INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001476468
-05/04/95--01131--001
***130.00 ***130.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business 5914 IDLE FOREST PLACE TAMPA FL 33614	Mailing Address 5914 IDLE FOREST PLACE TAMPA FL 33614
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3. Date Incorporated or Qualified 08/08/1991	3a. Date of Last Report 04/05/1994
4. FEI Number 59-3099258	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 2a Suite, Apt. #, etc.
22. City & State 22	2b. City & State 2b
24. Zip 24	25. Country 25
29. Zip 29	30. Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$68.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JEAN-PIERRE, EDWARD
5914 IDLE FOREST PLACE
TAMPA FL 33614**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVIS, ARETHA 5914 IDLE FOREST PL TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PARHAM, ALMA 1043 19TH AVENUE S ST. PETERSBURG FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NELSON, JERRY 1929 5TH AVE DR E BRADENTON FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD SPENCER, JO ANN 1105 6TH ST EAST BRADENTON FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JEAN-PIERRE, EDWARD 701 E. SELMA AVENUE TAMPA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROUNDTREE, NATHANIEL 4815 COLUMBUS WAY S ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 authorized officer or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: *Jeannine Hester*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER OR DIRECTOR

4/13/95 8769111 (813)