

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N44591 (8)**

1. Corporation Name  
**BAY AREA BLACK TENNIS PLAYERS (BABTEP), INC.**



Principal Place of Business: **5914 IDLE FOREST PLACE TAMPA FL 33614**  
Mailing Address: **5914 IDLE FOREST PLACE TAMPA FL 33614**

3. Date Incorporated or Qualified: **08/08/1991**  
3a. Date of Last Report: **05/01/1995**

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 2a. Mailing Address |         |
| 21                             |         | 26                  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| 22                             |         | 27                  |         |
| City & State                   |         | City & State        |         |
| 23                             |         | 28                  |         |
| Zip                            | Country | Zip                 | Country |
| 24                             |         | 29                  |         |
| 25                             |         | 30                  |         |

|   |   |
|---|---|
| 4. FEI Number   | Applied For   |
| <b>59-3099258</b>   | <input type="checkbox"/>                                |
| Not Applicable  |   |
| 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> \$5.00 May Be Added to Fees    |
| 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**

**10. Name and Address of New Registered Agent**

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

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Ed Jean Pierre*

DATE: **3/05/96**

| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DAVIS, ARETHA                       | 1.2 NAME  |   |
| STREET ADDRESS             | 5914 IDLE FOREST PL                 | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | TAMPA FL                            | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      | VD <input type="checkbox"/> DELETE  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PARHAM, ALMA                        | 2.2 NAME  |   |
| STREET ADDRESS             | 1043 19TH AVENUE S                  | 2.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ST. PETERSBURG FL                   | 2.4 CITY - ST - ZIP                                   |   |
| TITLE                      | SD <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NELSON, JERRY                       | 3.2 NAME  |   |
| STREET ADDRESS             | 1929 5TH AVE DR E                   | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | BRADENTON FL                        | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      | ASD <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SPENCER, JO ANN                     | 4.2 NAME  |   |
| STREET ADDRESS             | 1105 8TH ST EAST                    | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | BRADENTON FL                        | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | TD <input type="checkbox"/> DELETE  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JEAN-PIERRE, EDWARD                 | 5.2 NAME  |   |
| STREET ADDRESS             | 701 E. SELMA AVENUE                 | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | TAMPA FL                            | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | D <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ROUNDTREE, NATHANIEL                | 6.2 NAME  |   |
| STREET ADDRESS             | 4615 COLUMBUS WAY S                 | 6.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | ST. PETERSBURG FL                   | 6.4 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 119.07(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 the receiver 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, if changed, or on an attachment with an address.

SIGNATURE: *Aretha Davis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/05/96**  
DAYTIME PHONE #: **813 8761282**

CR2E037 (12/95)