

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 # N48056 (8)

1. Corporation Name

GREATER VOLUSIA TENNIS LEAGUE, INC.



Principal Place of Business: **414 MARY AVE NEW SMYRNA BEACH FL 32168**
Mailing Address: **P.O. BOX 1530 NEW SMYRNA BEACH FL 32170-1530 US**

3. Date Incorporated or Qualified: **03/16/1992**
3a. Date of Last Report: **07/31/1995**

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

4. FEI Number: **59-2012094**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**KENNEDY, DOYLE
414 MARY AVE
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent
81 Name: **KENNEDY, DOYLE**
82 Street Address (P.O. Box Number is Not Acceptable): **PO Box 1530**
83 City: **414 MARY AVE.**
84 City: **NEW SMYRNA BEACH** FL 85 Zip Code: **32170**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when non-stating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DRAUSS, BOB
STREET ADDRESS	231 WESTHAMPTON DR.
CITY-ST-ZIP	PALM COAST FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	LOY, JIM
STREET ADDRESS	350 PELICAN BAY DR.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	KENNEDY, DOYLE
STREET ADDRESS	414 MARY AVENUE, POB 1530
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	HOLLIS, BETH
STREET ADDRESS	737 FLORA ST.
CITY-ST-ZIP	DAYTONA BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	VIDAMOUR, JIM
STREET ADDRESS	6148 SHORELINE DR.
CITY-ST-ZIP	PORT ORANGE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FOSTER, MARY
STREET ADDRESS	119 SHADY BRANCH TRAIL
CITY-ST-ZIP	ORMOND BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	COOPER, JEREMY
13 STREET ADDRESS	38 GARDEN DR
14 CITY-ST-ZIP	DELAND, FL 32724 32137
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	32119
31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	32170
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	500001788395
43 STREET ADDRESS	-04/22/96--01027--028
44 CITY-ST-ZIP	***61.25
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	32174

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: Doyle Kennedy AS TREASURER 2-14-96 904-427-4045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOYLE KENNEDY, TREASURER

CR2E037 (12/95)