

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48056 (8)
1. Corporation Name
GREATER VOLUSIA TENNIS LEAGUE, INC.



Principal Place of Business 414 MARY AVE NEW SMYRNA BEACH FL 32188	Mailing Address P.O. BOX 1530 NEW SMYRNA BEACH FL 32170-1530 US
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3. Date Incorporated or Qualified 03/16/1992	3a. Date of Last Report 04/20/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 69-2012094	Applied For <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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**KENNEDY, DOYLE
414 MARY AVE., PO BOX 1530
NEW SMYRNA BEACH FL 32170**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, JEREMY	1.2 NAME	
STREET ADDRESS	38 GARDEN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOY, JIM	2.2 NAME	
STREET ADDRESS	350 PELICAN BAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, DOYLE	3.2 NAME	
STREET ADDRESS	414 MARY AVENUE, POB 1530	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32170	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIS, BETH	4.2 NAME	
STREET ADDRESS	737 FLORA ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIDAMOUR, JIM	5.2 NAME	AR-LANDEBERE
STREET ADDRESS	6148 SHORELINE DR.	5.3 STREET ADDRESS	CHEESE BOARD, AR-LANDEBERE
CITY-ST-ZIP	PORT ORANGE FL	5.4 CITY-ST-ZIP	1501 RIDGEWOOD AVE #210 HOLLY HILL, FL 32117
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, MARY	6.2 NAME	GILBERT, HARRY
STREET ADDRESS	414 MARY AVE	6.3 STREET ADDRESS	200 PLANTATION BAY DR.
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32174	6.4 CITY-ST-ZIP	BUNNELL, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* DATE: **4/23/97**

CR2E037 (9/96)