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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48056

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/16/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2012094

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME COOPER, JEREMY
STREET ADDRESS 10645 QUAIL RIDGE RD
CITY-ST-ZIP ST AUGUSTINE FL 32095

1.1 TITLE PD Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD DELETE
NAME LOY, JIM
STREET ADDRESS 9551 BAYMEADOWS RD, STE 16
CITY-ST-ZIP JACKSONVILLE FL 32256

2.1 TITLE D Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME KENNEDY, DOYLE
STREET ADDRESS 414 MARY AVENUE, POB 1530
CITY-ST-ZIP NEW SMYRNA BEACH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME HOLLIS, BETH
STREET ADDRESS 737 FLORA ST.
CITY-ST-ZIP DAYTONA BEACH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD DELETE
NAME CHEESEBORO, AR-LANDEBERE
STREET ADDRESS 1501 RIDGEWOOD AVE #210
CITY-ST-ZIP HOLLY HILL FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME GILBERT, HARRY
STREET ADDRESS 200 PLANTATION BAY DR
CITY-ST-ZIP BUNNEL FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Doyle Kennedy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-1999

Date

904-427-4045

Daytime Phone #

CR2E037 (11/98)