

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 5-1-96

13-62160 C

DOCUMENT # **N95000004247 (1)**

1. Corporation Name

TAMPA BAY INNER-CITY YOUTH TENNIS ACADEMY, INC.



Principal Place of Business: **2725 66TH TERRACE SOUTH ST. PETERSBURG FL 33712**
Mailing Address: **2725 66TH TERRACE SOUTH ST. PETERSBURG FL 33712**

3. Date Incorporated or Qualified: **09/06/1995** 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

23. City & State 28. City & State

24. Zip 25. Country 29. Zip 30. Country

4. FEI Number: **59-3343074** Applied For: Not Applicable:

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

10. Name and Address of New Registered Agent

**ROBERTS, LIONEL V
2725 66TH TERRACE SOUTH
ST. PETERSBURG FL 33712**

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 <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRENS, JIM	12 NAME	DOUGLAS MCGOWN
STREET ADDRESS	2634 69TH AVENUE S	13 STREET ADDRESS	7226 DEMBENS DR. S
CITY-ST-ZIP	ST. PETERSBURG FL 33712	14 CITY-ST-ZIP	ST. PETERSBURG, FL 33712
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, LIONEL V	22 NAME	CONSTANCE BECKMAN
STREET ADDRESS	2725 66TH TERRACE SOUTH	23 STREET ADDRESS	4569 40TH ST. S
CITY-ST-ZIP	ST. PETERSBURG FL 33712	24 CITY-ST-ZIP	ST. PETERSBURG, FL 33711
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, MERLENE	32 NAME	RUDY HEITLER
STREET ADDRESS	2725 66TH TERRACE SOUTH	33 STREET ADDRESS	2304 SUNSET BLVD
CITY-ST-ZIP	ST. PETERSBURG FL 33712	34 CITY-ST-ZIP	ST. PETERSBURG, FL 33706
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORTEAU, CARMEN	42 NAME	TRENIA COX
STREET ADDRESS	6741 18TH STREET SOUTH	43 STREET ADDRESS	4800 26TH COURTS
CITY-ST-ZIP	ST. PETERSBURG FL 33712	44 CITY-ST-ZIP	ST. PETERSBURG, FL 33712
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENTO, ANNETTE	52 NAME	TERRY COX
STREET ADDRESS	2755 66TH TERRACE SOUTH	53 STREET ADDRESS	4800 26TH COURTS
CITY-ST-ZIP	ST. PETERSBURG FL 33712	54 CITY-ST-ZIP	ST. PETERSBURG, FL 33712
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENTO, RONALD	62 NAME	COURTNEY SHELBY
STREET ADDRESS	2755 66TH TERRACE SOUTH	63 STREET ADDRESS	5100 4TH ST. S
CITY-ST-ZIP	ST. PETERSBURG FL 33712	64 CITY-ST-ZIP	ST. PETERSBURG, FL 33711

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:

Lionel V Roberts (Lionel V Roberts - President - 4/26/96) Date: 813 867-3463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day Phone #

CR2E037 (12/95)