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**Feb 28 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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

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 33712-5611
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3. Date Incorporated or Qualified 09/06/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3343074	Applied For 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 ROBERTS, LIONEL V 2725 66TH TERRACE SOUTH ST. PETERSBURG FL 33712	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
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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	BARRENS, JIM	1.2 NAME	
STREET ADDRESS	2634 69TH AVENUE S	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, LIONEL V	2.2 NAME	
STREET ADDRESS	2725 66TH TERRACE SOUTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MERLENE	3.2 NAME	
STREET ADDRESS	2725 66TH TERRACE SOUTH	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTEAU, CARMEN	4.2 NAME	
STREET ADDRESS	6741 18TH STREET SOUTH	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTO, ANNETTE	5.2 NAME	
STREET ADDRESS	2755 66TH TERRACE SOUTH	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENTO, RONALD	6.2 NAME	
STREET ADDRESS	2755 66TH TERRACE SOUTH	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	6.4 CITY - ST - ZIP	

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: _____ 1-15-97 (813) 867-3663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0050915

CR2E037 (9/96)