


FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # ~~737642~~ (2)
1. Corporation Name
N95000004247
Tampa Bay Inner-City Youth Tennis Academy, Inc



Principal Place of Business Mailing Address
2725 66th Terrace South
St. Petersburg, FL 33712

3. Date Incorporated or Qualified
9/6/95

4. FEI Number
59-3343074

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 1509 Serene Way S. 26 1509 Serene Way S.
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 23 St. Petersburg FL 27 St. Petersburg FL
City & State City & State

24 33705 25 Pinellas 29 33705 30 Pinellas
Zip Country Zip Country

9. Name and Address of Current Registered Agent
Lionel Y. Roberts
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

Davy McCown
1509 Serene Way S.
St. Petersburg FL 33705

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 translating.)

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | D Jim Barrons <input checked="" type="checkbox"/> DELETE |
| NAME | 12034 48th Ave S. |
| STREET ADDRESS | St. Petersburg, FL 33712 |
| CITY-ST-ZIP | |
| TITLE | D Lionel Y. Roberts <input type="checkbox"/> DELETE |
| NAME | 3725 66th Terrace South |
| STREET ADDRESS | St. Petersburg, FL 33712 |
| CITY-ST-ZIP | |
| TITLE | D Michele Roberts <input checked="" type="checkbox"/> DELETE |
| NAME | 2725 66th Terrace South |
| STREET ADDRESS | St. Petersburg, FL 33712 |
| CITY-ST-ZIP | |
| TITLE | D Carmen Forteau <input type="checkbox"/> DELETE |
| NAME | 6741 18th Street South |
| STREET ADDRESS | St. Petersburg, FL 33712 |
| CITY-ST-ZIP | |
| TITLE | D Annette Bento <input type="checkbox"/> DELETE |
| NAME | 2755 66th Terrace South |
| STREET ADDRESS | St. Petersburg, FL 33712 |
| CITY-ST-ZIP | |
| TITLE | D Ronald Bento <input checked="" type="checkbox"/> DELETE |
| NAME | 2755 66th Terrace South |
| STREET ADDRESS | St. Petersburg, FL 33712 |
| CITY-ST-ZIP | |

| 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '98 | |
|---|---|
| 1.1 TITLE | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Lilly Castro |
| 1.3 STREET ADDRESS | 1110 Pinellas Bayway |
| 1.4 CITY-ST-ZIP | Tropic Verde, FL 33713 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 638 East 38th St. |
| 2.4 CITY-ST-ZIP | Brooklyn, NY 11203 |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | TD Valerie Marshall |
| 3.3 STREET ADDRESS | 1109 4th St. N #4514 |
| 3.4 CITY-ST-ZIP | St. Petersburg, FL 33716 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | 600002512836 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | -05/06/98--01023--027 |
| 5.3 STREET ADDRESS | ***61.25 |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | D John Chulich Jr. |
| 6.3 STREET ADDRESS | 4360 48th Ave S. |
| 6.4 CITY-ST-ZIP | St. Petersburg, FL 33711 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f) 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: Valerie Marshall Valerie Marshall 4/23/98 813-577-0873

CR2E037 (10/97)