

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 25, 2005
Secretary of State**

DOCUMENT# P32984

Entity Name: ATP TOUR CHARITIES, INC.

Current Principal Place of Business:

201 ATP TOUR BLVD
PONTE VEDRA BEACH, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

201 ATP TOUR BLVD
PONTE VEDRA BEACH, FL 32082 US

New Mailing Address:

FEI Number: 59-3046932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER STREET SUITE 1800
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: MILES, MARK D.,
Address: 8004 ACORN RIDGE RD
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: S () Delete
Name: YOUNG, MARK V
Address: 937 SHIPWATCH DR
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: T () Delete
Name: GALLOWAY, PHILIP B.,
Address: 704 SHIPWATCH DR. E.
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: D () Delete
Name: PASARELL, CHARLIE,
Address: 78-200 MILES AVENUE
City-St-Zip: INDIAN WELLS, CA 92210 US

Title: PRES (X) Delete
Name: CLOUSER, CHRISTOPHER, E
Address: 201 ATP TOUR BLVD
City-St-Zip: PONTE VEDRA, FL 32082 US

Title: D () Delete
Name: PEARCE, GRAHAM,
Address: 75 STANLEY STREET
City-St-Zip: AUCKLAND, NZ

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK V. YOUNG

S

02/25/2005

Electronic Signature of Signing Officer or Director

_____ Date