

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48056

**FILED**  
**Mar 23, 2017**  
**Secretary of State**  
**CC7848212115**

**Entity Name:** GREATER VOLUSIA TENNIS LEAGUE, INC.

**Current Principal Place of Business:**

830 E. 21ST AVE  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

P O BOX 97  
NEW SMYRNA BEACH, FL 32170 US

**FEI Number: 59-2012094**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

STEPHENS, MARILYN DIR  
830 E. 21ST AVE.  
NEW SMYRNA BEACH, FL 32169 US

*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

**Officer/Director Detail :**

Title VP  
Name SANDERS, MIKE  
Address 4 TWELVE OAKS TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title TREA  
Name COOPER, JERRY  
Address 38 GARDEN DRIVE  
City-State-Zip: DELAND FL 32724

Title PRESIDENT  
Name BROWN, DAVID  
Address 711 PINE FOREST TR.  
City-State-Zip: PORT ORANGE FL 32127

Title DIRECTOR  
Name STEPHENS, MARILYN  
Address P O BOX 97  
City-State-Zip: NEW SMYRNA BEACH FL 32170

Title SECRETARY  
Name CINDY KELLY  
Address 17 TREETOP CIR  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby 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 all other like empowered.*

**SIGNATURE: MARILYN STEPHENS**

**DIRECTOR**

**03/23/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date