

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -3 PM 3:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 703667 (6)

1. Corporation Name

YOUTH TENNIS FOUNDATION OF FLORIDA, INC.

Principal Place of Business

Mailing Address

3021 CEDAR TRACE
 TARPON SPRINGS FL 34689
 US

3021 CEDAR TRACE
 TARPON SPRINGS FL 34689
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/02/1962

03/24/1994

4. FBI Number

59-6153374

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

7. Nonprofit with IRS 501(c)(3)
 Tax Exempt Status

**FILING FEE IS
 \$61.25**

8. This corporation has liability for intangible tax under s. 199.032
 Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLEY, PIERCE
 3021 CEDAR TRACE
 TARPON SPRINGS FL 34689

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 617.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or a title if applicable

DATE Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

NAME

KELLEY, PIERCE

STREET ADDRESS

270 N.E. 104TH ST

CITY - ST - ZIP

MIAMI SHORES FL

TITLE

J

NAME

JAGGER, EDWIN

STREET ADDRESS

557-73RD ST.

CITY - ST - ZIP

NO. REDDINGTON BEACH FL

TITLE

D

NAME

MILLER, TUG

STREET ADDRESS

140 S.E. 5TH AVE, APT 440

CITY - ST - ZIP

Boca Raton FL

TITLE

D

NAME

VON, BEEBE

STREET ADDRESS

2320 SW 24TH ST

CITY - ST - ZIP

MIAMI FL

TITLE

K

NAME

KELLEY, CHRISTOPHER

STREET ADDRESS

1237 N.E. 99 ST

CITY - ST - ZIP

MIAMI FL

TITLE

D

NAME

KELLEY, ALAN

STREET ADDRESS

882 N.E. 97TH STREET

CITY - ST - ZIP

MIAMI SHORES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

1.5 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

3021 CEDAR TRACE
 TARPON SPRINGS, FL 34689

STR STR

33708

140 S.E. 5TH AVE, APT 440
 BOCA RATON, FL 33432

33145

33138

33138

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an addition.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/95

813-724-8898