

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90017 031 ****70.00

DOCUMENT # 703667

1. Corporation Name

Youth Tennis Foundation of Florida, Inc.

Principal Place of Business

Mailing Address

980 Tyne Blvd.
St. Petersburg, FL 33710

P.O. Box 41110
St. Petersburg, FL 33710



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Same as Above

26 Same as Above

3/2/62

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional

23 Zip Country

28 Zip Country

6. Election Campaign Financing

\$5.00 May Be

24 Zip Country

29 Zip Country

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Pierre Kelley
2963 Gulf To Bay Blvd. #210
Clearwater, FL 34619

81 Name

N/A

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President
NAME Pierre Kelley
STREET ADDRESS 2963 Gulf To Bay Blvd. #210
CITY-ST-ZIP Clearwater, FL 34619

1.1 TITLE DIRECTOR
1.2 NAME Robert F. Jagger
1.3 STREET ADDRESS 16313 Larch Lane
1.4 CITY-ST-ZIP Odessa, FL 33556

TITLE Edwin B. Jagger, STR
NAME 12833 Poinsettia Ave.
STREET ADDRESS Semole, FL 33776
CITY-ST-ZIP

2.1 TITLE DIRECTOR
2.2 NAME BEANT BAILEY
2.3 STREET ADDRESS 695 Central Ave #201
2.4 CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ~~Director~~ Vice President
NAME Tug Miller
STREET ADDRESS 140 S.E. 5th Ave, #446
CITY-ST-ZIP BOCA RATON, FL 33432

3.1 TITLE DIRECTOR
3.2 NAME Steve Beeland
3.3 STREET ADDRESS 1521 NW 40th DR
3.4 CITY-ST-ZIP Gainesville, FL 32605-4673

TITLE Director
NAME Von Beebe
STREET ADDRESS 2320 SW 24th St.
CITY-ST-ZIP Miami, FL 33145

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Vice President
NAME Christopher Kelley
STREET ADDRESS 1237 N.E. 99 St.
CITY-ST-ZIP Miami, FL 33138

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE Director
NAME Alan Kelley
STREET ADDRESS 882 N.E. 97th Street
CITY-ST-ZIP Miami Beach, FL 33138

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Edwin B. Jagger, STR 4/22/99 727-381-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)