

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90007 005 ****70.00

DOCUMENT # 703667 1. Entity Name YOUTH TENNIS FOUNDATION OF FLORIDA, INC.	
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Principal Place of Business 980 TYRONE BLVD. ST. PETERSBURG, FL 33710	Mailing Address P.O. BOX 41100 ST. PETERSBURG, FL 33743-1100
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04062004 No Chg-NP CR2E037 (10/03)



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4. FEI Number 59-6153374	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
KELLEY, PIERCE 2680 WOODHALL TERR PALM HARBOR, FL 34685	Edwin Jagger 980 Tyrone Blvd. St. Petersburg, FL 33710

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: <u>Edwin Jagger</u> Signature, typed or printed name of registered agent and title if applicable.	DATE: <u>4-16-04</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KELLEY, PIERCE 2680 WOODHALL TERR P.O. Box 1050 PALM HARBOR, FL 34685 Cedar Key, FL 32625
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR JAGGER, EDWIN 12810 4953 POINSETTIA AVENUE SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, TUG 140 S.E. 5TH AVE, APT 446 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON, BEEBE 2320 SW 24TH ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KELLEY, CHRISTOPHER 1237 N.E. 99 ST MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLEY, ALAN 882 N.E. 97TH STREET MIAMI SHORES FL, 33138

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <u>STR (Edwin B. Jagger)</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <u>4-16-04</u> DAYTIME PHONE: <u>727-381-2300</u>