

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90153 033 ****61.25

DOCUMENT # 703667

1. Entity Name

YOUTH TENNIS FOUNDATION OF FLORIDA, INC.



Principal Place of Business
980 TYRONE BLVD.
ST. PETERSBURG, FL 33710

Mailing Address
P.O. BOX 41100
ST. PETERSBURG, FL 33743-1100



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-6153374

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAGGER, EDWIN
980 TYRONE BLVD.
SAINT PETERSBURG, FL 33710

Name
BAILEY, BRANT A.
Street Address (P.O. Box Number is Not Acceptable)
980 TYRONE BLVD.
ST. PETERSBURG
City
FL Zip Code
33710

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

Brant A. Bailey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/3/06

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KELLEY, PIERCE	
STREET ADDRESS	P.O. BOX 1050	
CITY-ST-ZIP	CEDAR KEY, FL 32625	
TITLE	STR	<input checked="" type="checkbox"/> Delete
NAME	JAGGER, EDWIN	
STREET ADDRESS	12810 POINSETTIA AVE.	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MILLER, TUG	
STREET ADDRESS	140 S.E. 5TH AVE, APT 446	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	VON, BEEBE	
STREET ADDRESS	2320 SW 24TH ST	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	V	<input type="checkbox"/> Delete
NAME	KELLEY, CHRISTOPHER	
STREET ADDRESS	1237 N.E. 99 ST	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLEY, ALAN	
STREET ADDRESS	882 N.E. 97TH STREET	
CITY-ST-ZIP	MIAMI SHORES FL, 33138	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANT A. BAILEY	
STREET ADDRESS	2835 61st LANE NO.	
CITY-ST-ZIP	ST. PETE., FL 33710	
TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLER, TUG	
STREET ADDRESS	140 S.E. 5TH AVE., APT 446	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON, BEEBE	
STREET ADDRESS	2320 SW 24th ST.	
CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Brant A. Bailey Brant A. Bailey, Secretary

4/28/06 17271-381-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone