

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709091 (3)
1. Corporation Name
UNITED STATES TENNIS ASSOCIATION-FLORIDA SECTION, INC.



Principal Place of Business Mailing Address
1280 SW 36 AVE SUITE 305 POMPANO BEACH FL 33069-4868

3. Date Incorporated or Qualified **06/07/1965** 3a. Date of Last Report **01/20/1995**
4. FEI Number **23-7161642** 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**
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 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MILLS, JEAN	
STREET ADDRESS	5247 TENNIS LANE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	R	<input checked="" type="checkbox"/> DELETE
NAME	RASSADO, JOE	
STREET ADDRESS	11370 LAKESHORE DR	
CITY-ST-ZIP	COOPER CITY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WAUGH, EMILY	
STREET ADDRESS	3061 HAWKS GLEN	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEA, BOLLIE	
STREET ADDRESS	700 MELROSE AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DELONG, SUE	
STREET ADDRESS	4025 17 ST., N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	COOPER, MARGARET	
STREET ADDRESS	317 CORDOVA RD	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JIM VIDAMOUR	
1.3 STREET ADDRESS	1 CORPORATE DRIVE	
1.4 CITY-ST-ZIP	PALM COAST, FL 32151	
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARL WEATHINGTON	
2.3 STREET ADDRESS	512 SOUTH RIDE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NANCY MORGAN	
3.3 STREET ADDRESS	2395 HAWTHORNE DR	
3.4 CITY-ST-ZIP	CLEARWATER, FL 34623	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PRESIDENT (P)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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-03/08/96-01032-003
***70.00

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 119.07(3)(k), 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.

SIGNATURE: _____ Date: **1-19-96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)

[Handwritten initials]