

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733385

FILED
Apr 21, 2007
Secretary of State

Entity Name: CENTRAL FLORIDA TENNIS CONFEDERATION, INC.

Current Principal Place of Business:

149 FAIRWAY POINTE CIRCLE
ORLANDO, FL 32828 US

New Principal Place of Business:

Current Mailing Address:

149 FAIRWAY POINTE CIRCLE
ORLANDO, FL 32828 US

New Mailing Address:

FEI Number: 59-1571512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOLINSKI, JENNY R
149 FAIRWAY POINTE CIRCLE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOLINSKI, JENNY R
Address: 149 FAIRWAY POINTE CIRCLE
City-St-Zip: ORLANDO, FL 32828 US

Title: SD () Delete
Name: RAHIMITABAR, SUSAN
Address: 6336 EDGE-O-GROVE CIRCLE
City-St-Zip: ORLANDO, FL 32819 US

Title: TD () Delete
Name: TREISE, NATA
Address: 310 LONESOME PINE DR
City-St-Zip: LONGWOOD, FL 32779 US

Title: VD () Delete
Name: JOLINSKI, JOHN
Address: 149 FAIRWAY POINTE CIRCLE
City-St-Zip: ORLANDO, FL 32828

Title: VD () Delete
Name: GOUTS, MARCELLO
Address: 5108 TURKEY LAKE ROAD
City-St-Zip: ORLANDO, FL 32819 US

Title: D (X) Delete
Name: NANCY, MCLARNON
Address: 628 WILDMERE AVE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNY JOLINSKI

PD

04/21/2007

Electronic Signature of Signing Officer or Director

Date