2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# 733385

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	LUNA, JUSTIN M	
Address:	2628 COOLIDGE AVENUE	
City-St-Zip:	ORLANDO, FL 32804	
Title:	D	( ) Change (X) Addition
Name:	SCREEN, WILLIAM	
Address:	692 CRESTING OAK CIRCLE	
City-St-Zip:	ORLANDO, FL 32824	

I hereby certify that the information supplied with this filing does not qualify 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 R. JOLINSKI P 04/13/2009

Electronic Signature of Signing Officer or Director — Date