

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756796

FILED
Jan 24, 2010
Secretary of State

Entity Name: NORTH FLORIDA TENNIS UMPIRES ASSOCIATION, INC.

Current Principal Place of Business:

1845 TIERRA VERDE DRIVE
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

Current Mailing Address:

1845 TIERRA VERDE DRIVE
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 59-2114364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEITH, LOUIS K ST
1845 TIERRA VERDE DRIVE
ATLANTIC BEACH, FL 32233 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
Name: HICKS, STUART
Address: P.O. BOX 330747
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ST
Name: KEITH, LOUIS K
Address: 1845 TIERRA VERDE DRIVE
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: D
Name: HECKMAN, GERALD
Address: 308 LAUDEN COURT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD
Name: JOHNSON, EVERETT
Address: 7644 ORTEGA BLUFF PARKWAY
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: BOOTH, ROBERT
Address: 8138 BAHIA BLANCA ST
City-St-Zip: JACKSONVILLE, FL 32256

Title: D
Name: LUBAS, HELEN
Address: 1827 CHERRY STREET
City-St-Zip: JACKSONVILLE, FL 32205

I hereby 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 all other like empowered.

SIGNATURE: LOUIS K KEITH

ST

01/24/2010

Electronic Signature of Signing Officer or Director

Date