

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000086

FILED
Apr 30, 2008
Secretary of State

Entity Name: INDIAN RIVER TENNIS FOUNDATION, INC.

Current Principal Place of Business:

2636 LAUREL DRIVE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

2636 LAUREL DRIVE
VERO BEACH, FL 32960

New Mailing Address:

P.O. BOX 64-4401
VERO BEACH, FL 32964

FEI Number: 59-3701894

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUCK, JAMES
2636 LAUREL DRIVE
VERO BEACH, FL 32960 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: P () Delete
Name: BUCK, JAMES K
Address: 2636 LAUREL DRIVE
City-St-Zip: VERO BEACH, FL 32960

Title: D () Delete
Name: COLLINS, THOMAS
Address: 1190 BOUNTY BLVD.
City-St-Zip: VERO BEACH, FL 32963

Title: D (X) Delete
Name: NORRIS, CLIFF
Address: 4690 PEBBLE BAY CR.
City-St-Zip: VERO BEACH, FL 32963

Title: D (X) Delete
Name: LEARY, PAUL
Address: 542 WHITE PELICAN CR.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change () Addition
Name: BARNES, DEBRA M
Address: 8740 SEACREST DRIVE
City-St-Zip: VERO BEACH, FL 32963

Title: () Change () Addition
Name:
Address:
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 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: DEBRA M. BARNES

SEC

04/30/2008

Electronic Signature of Signing Officer or Director

Date