## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 25, 2005 8:00 am Secretary of State 01-25-2005 90049 040 \*\*\*\*61.25

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DOCUMENT # N0100000863  1. Entity Name TENNIS-4-EVERYONE, INC.							01-25-200	5 90049 040	) ****6	1.25
415 E INTENDENCIA ST 415			ng Address 5 E INTENDENCIA ST ISACOLA, FL: 32502						50	00596
2. Principal Place of Business 3. N			Mailing Address				<b>11.6</b> 1	1817		<b>1181 W. Wa</b> i
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			01132005	Chg-NP	CR2E037	(10/03)	
City & State		City & State				4. FEI Numbe 59-3697			<u> </u>	plied For t Applicable
Zip	Country	Zip		Cou	intry	5. Certificate	of Status Desired		B.75 Addi	itional -
	6. Name and Address of Curre	nt Registere	d Agent			7. Name and	Address of New		i	-
CALKING DITA M					Name					
CALKINS, RITA M 415 E INTENDENCIA ST PENSACOLA, FL 32502					Street Address (P.O. Box Number is Not Acceptable)					
					City		<del></del>	FL	Zip Code	)
8. The above	named entity submits this statement tions of registered agent.	for the purp	ose of changing its	registere	ad office or re	egistered agent, or bot	h, in the State of I	Florida. I am fan	niliar with, e	and accept
SIGNATURE .	Х								· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or printed name of registered ag-	ent and title if app	licable. (NOTE	: Registere	d Agent eignature r	required when reinstating)		DATE		
· · · · · · · · · · · · · · · · · · ·	Filing Fee is \$61.25 Due by May 1, 2005	ent and title if app	9. Election Carr Trust Fund C	paign F	inancing	\$5.00 May B		Make check porida Departm		
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Indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.