

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006544

FILED
Apr 29, 2009
Secretary of State

Entity Name: TENNIS FOUNDATION OF ST. PETERSBURG, INC.

Current Principal Place of Business:

650 - 18TH AVE. S.
ST. PETERSBURG, FL 33705 US

New Principal Place of Business:

Current Mailing Address:

650 - 18TH AVE. S.
ST. PETERSBURG, FL 33705 US

New Mailing Address:

FEI Number: 59-3744391 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANG, JOSEPH H
669 FIRST AVE. N.
ST. PETERSBURG, FL 33701 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: D () Delete
Name: SOKOLOVSKY, JAY
Address: 950 BAY ST. NE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: DVP () Delete
Name: PATTERSON, JOHNNA
Address: 10015 S. YACHT CLUB DR.
City-St-Zip: TREASURE ISLAND, FL 33706

Title: DS () Delete
Name: SACKETT, ANN
Address: 2500 DRIFTWOOD RD. SE
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DT () Delete
Name: RADENS, MARG
Address: 200 57TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33705

Title: DP () Delete
Name: CARROLL, RICHARD M
Address: 1344 MONTEREY BLVD NE
City-St-Zip: ST. PETERSBURG, FL 33704

Title: D () Delete
Name: PAYNE, CHARLES
Address: 422 15TH AVE S
City-St-Zip: ST. PETERSBURG, FL 33701

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: () 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: R. MICHAEL CARROLL

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date