

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000007786

FILED
Jan 12, 2005
Secretary of State

Entity Name: TAMPA WHEELCHAIR TENNIS FOUNDATION, INC.

Current Principal Place of Business:

9604 GREENBANK DR
RIVERVIEW, FL 33569

New Principal Place of Business:

12331 HAWKEYE POINT PLACE
RIVERVIEW, FL 33569

Current Mailing Address:

9604 GREENBANK DR
RIVERVIEW, FL 33569

New Mailing Address:

12331 HAWKEYE POINT PLACE
RIVERVIEW, FL 33569

FEI Number: 59-3756580

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKERSON, ROBERT S
9604 GREENBANK DR
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

WILKERSON, ROBERT S
12331 HAWKEYE POINT PLACE
RIVERVIEW, FL 33569 US

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: ROBERT S. WILKERSON

01/12/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILKERSON, TRACY A
Address: 9604 GREENBANK DR
City-St-Zip: RIVERVIEW, FL 33569

Title: DT () Delete
Name: WILKERSON, ROBERT S
Address: 9604 GREENBANK DR
City-St-Zip: RIVERVIEW, FL 33569

Title: DS () Delete
Name: MORRISON, KRISTA L
Address: 6256 CRICKET HOLLOW DR
City-St-Zip: RIVERVIEW, FL 33569

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WILKERSON, TRACY A
Address: 12331 HAWKEYE POINT PLACE
City-St-Zip: RIVERVIEW, FL 33569

Title: DVP (X) Change () Addition
Name: WILKERSON, ROBERT S
Address: 12331 HAWKEYE POINT PLACE
City-St-Zip: RIVERVIEW, FL 33569

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

Title: DT () Change (X) Addition
Name: MANN, NATALIE R
Address: 10167 CEDAR DUNE DRIVE
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TRACY A. WILKERSON

DP

01/12/2005

Electronic Signature of Signing Officer or Director

Date