

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000004178

1. Entity Name

**NATIONAL SENIOR WOMEN'S TENNIS FOUNDATION,
INC.**



Principal Place of Business

**100 EVANS LANE, #305D
MANALAPAN, FL 33462**

Mailing Address

**100 EVANS LANE, #305D
MANALAPAN, FL 33462**



07082004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

30-0087978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, MARGARET L
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WILSON, MARY
STREET ADDRESS	200 EVANS LANE, #305D
CITY-ST-ZIP	MANALAPAN, FL 33462
TITLE	D
NAME	COOPER, MARGARET L
STREET ADDRESS	505 SOUTH FLAGLER DRIVE, SUITE 1100
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	GREER, PAT
STREET ADDRESS	2121 S. FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000168127
07/26/04-80001-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mary Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-04
Date

313.885.1856
Daytime Phone #