

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006905

FILED
Aug 22, 2006
Secretary of State

Entity Name: MULTICULTURAL YOUTH TENNIS DEVELOPMENT FOUNDATION, INC.

Current Principal Place of Business:

82 GABLES BLVD
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

82 GABLES BLVD
WESTON, FL 33326

New Mailing Address:

FEI Number: 14-1845084 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WRIGHT, VICTOR L
82 GABLES BLVD
FORT LAUDERDALE, FL 33326 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, VICTOR L
Address: 82 GABLES BLVD
City-St-Zip: WESTON, FL 33326

Title: SD () Delete
Name: BRATBERG, MIKITA
Address: 82 GABLES BLVD
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: GOLD, DUSTIN
Address: 82 GABLES BLVD
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: STAFFORD, TOM
Address: 82 GABLES BLVD
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: VON STROLLEY, SHARON
Address: 82 GABLES BLVD
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change () Addition
Name: BELL, VANESSA
Address: 82 GABLES BLVD
City-St-Zip: WESTON, FL 33326

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

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

Title: D (X) Change () Addition
Name: BAKER, COLIN
Address: 82 GABLES BLVD
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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: VICTOR WRIGHT

P

08/22/2006

Electronic Signature of Signing Officer or Director

Date