

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000161

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: FLORIDA TENNIS CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

FLORIDA TENNIS CENTER  
ONE DEUCE CT  
DAYTONA BEACH, FL 32124

**New Principal Place of Business:**

**Current Mailing Address:**

FLORIDA TENNIS CENTER  
ONE DEUCE CT  
DAYTONA BEACH, FL 32124

**New Mailing Address:**

FEI Number: 90-0133883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BROWN, DAVID  
FLORIDA TENNIS CENTER  
ONE DEUCE CT  
DAYTONA BEACH, FL 32124 US

**Name and Address of New Registered Agent:**

MOOTHART, GARY  
FLORIDA TENNIS CENTER  
ONE DEUCE CT  
DAYTONA BEACH, FL 32124 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: GARY MOOTHART

04/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GALLOWAY, LIBBA  
Address: 136 HERITAGE CIR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: MOOTHART, GARY  
Address: 1530 CORNERSTONE BLVD, SUITE 100  
City-St-Zip: DAYTONA BEACH, FL 32120

Title: D ( ) Delete  
Name: PONIATOWSKI, BILL SR.  
Address: 729 LOOMIS AVE  
City-St-Zip: DAYTONA BEACH, FL 32114

Title: PD ( ) Delete  
Name: ALLEN, BOB D  
Address: 120 CENTIENNIAL PRK DR  
City-St-Zip: DAYTONA BEACH, FL 32124

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: MOOTHART, GARY  
Address: 1530 CORNERSTONE BLVD, SUITE 100  
City-St-Zip: DAYTONA BEACH, FL 32120

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: GARY MOOTHART

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04/21/2009

Electronic Signature of Signing Officer or Director

Date