

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002939

FILED
Mar 30, 2009
Secretary of State

Entity Name: USTA-FLORIDA SECTION FOUNDATION, INC.

Current Principal Place of Business:

USTA FLORIDA ATTN:FOUNDATION PRES.
1 DEUCE CT STE 100
DAYTONA BCH, FL 32124

New Principal Place of Business:

Current Mailing Address:

USTA FLORIDA ATTN:FOUNDATION PRES.
1 DEUCE CT STE 100
DAYTONA BCH, FL 32124

New Mailing Address:

FEI Number: 56-2443059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOIKO, BRUCE M
2525 PONCE DE LEON BLVD.
SUITE 400
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

BOOTH, DOUGLAS
C/O USTA FLORIDA, 1 DEUCE COURT,
SUITE 100
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: DOUGLAS BOOTH

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: OD () Delete
Name: MILLS, JEAN
Address: 3555 LAKEVIEW BLVD
City-St-Zip: DELRAY BEACH, FL 33445

Title: OD () Delete
Name: CLEVELAND, DON
Address: 1627 NORTH SWINTON AVENUE
City-St-Zip: DELRAY BEACH, FL 33444

Title: OD () Delete
Name: MARIA, CERONE
Address: 14298 82ND TERRACE NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: PADDI, VALENTINE
Address: 802 WESTWIND LANE
City-St-Zip: FERN PARK, FL 32730

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

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: D () Change (X) Addition
Name: FOSTER, JUDY
Address: 3313 SAN CARLOS STREET
City-St-Zip: CLEARWATER, FL 33759

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: JEAN MILLS

OD

03/30/2009

Electronic Signature of Signing Officer or Director

Date