

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003497

FILED
May 01, 2007
Secretary of State

Entity Name: NATURE COAST TENNIS FOUNDATION, INC.

Current Principal Place of Business:

1139 ALLOWAY AVE
SPRING HILL, FL 34608

New Principal Place of Business:

Current Mailing Address:

1139 ALLOWAY AVE
SPRING HILL, FL 34608

New Mailing Address:

FEI Number: 20-3938445 **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:

DOWNEY, LOUISE H
1139 ALLOWAY AVE
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

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: DOWNEY, LOUISE H
Address: 1139 ALLOWAY AVE
City-St-Zip: SPRING HILL, FL 34608

Title: V () Delete
Name: LATAWIEC, ROSEMARY
Address: 4156 WELDON AVE
City-St-Zip: SPRING HILL, FL 34609

Title: S () Delete
Name: ZEE, PHILLIP
Address: 10480 RAMBLE RIDGE CT.
City-St-Zip: BROOKSVILLE, FL 34613

Title: T () Delete
Name: STELLPFLUG, APRIL
Address: 4381 HUNTERS PASS
City-St-Zip: BROOKSVILLE, FL 34609

Title: D () Delete
Name: NICHOLS, TINA
Address: 306 DARBY LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: STELLPFLUG, BRAD
Address: 10461 QUALITY DR
City-St-Zip: SPRING HILL, FL 34609

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
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Address:
City-St-Zip:

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: LOUISE DOWNEY

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

Date