


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90439 026 \*\*\*\*61.25

<b>DOCUMENT # N05000011446</b> 1. Entity Name <b>PALM COAST/FLAGLER FRIENDS OF TENNIS, INC.</b>					
Principal Place of Business <b>14 KINGFISHER LANE PALM COAST, FL 32137</b>			Mailing Address <b>14 KINGFISHER LANE PALM COAST, FL 32137</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>MARKOWSKI, THEODORE 14 KINGFISHER LANE PALM COAST, FL 32137</b>				<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	DC <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOLF, MARIE		NAME	<b>Attached</b>	
STREET ADDRESS	80 OLD OAK DR		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	VCD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEPBURN, WILLIAM		NAME		
STREET ADDRESS	19 COMMANDER CT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEPBURN, SHARON		NAME		
STREET ADDRESS	19 COMMANDER CT		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARKOWSKI, THEODORE		NAME		
STREET ADDRESS	14 KINGFISHER LANE		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNETT, ARLENE		NAME		
STREET ADDRESS	P. O. BOX 352671		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, MARGARET		NAME		
STREET ADDRESS	8 BRISTOL LN		STREET ADDRESS		
CITY-ST-ZIP	PALM COAST, FL 32137		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: Theodore Markowski Theodore MARKOWSKI 4/20/06 386-447-0122</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40061001

#N05000011446

11. ADDITIONS

FEI NUMBER 20-3845702 DOC #N05000011446

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
DEVANE, MARY LOU  
39 BUDFIELD DRIVE  
PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
EVANS, MORGAN  
8 BRISTOL LANE  
PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
LIBONATE, GEORGE  
6 CROW COURT  
PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
OGDEN, CAROL  
77 LONGVIEW WAY N.  
PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
SIEPIETOSKI, SANDRA  
172 LOOKOUT DRIVE  
FLAGLER BEACH, FL 32136

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
WISS, THERESA  
6 CROW COURT  
PALM COAST, FL 32137

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
WOLF, DONALD  
80 OLD OAK DRIVE S.  
PALM COAST, FL 32137