


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90840 037 \*\*\*\*70.00

|  |                                    |   |   |  |  |
|--|------------------------------------|---|---|--|--|
| <b>DOCUMENT # N06000005252</b><br>1. Entity Name<br><b>FRIENDS OF CITY ISLAND TENNIS, INC.</b>   |                                    |   |   |   |  |
| Principal Place of Business<br><b>101 CITY ISLAND DR<br/>DAYTONA BEACH, FL 32114</b>   |                                    |   | Mailing Address<br><b>C/O DAVID HAGUE<br/>PO BOX 1690<br/>DAYTONA BEACH, FL 32115</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                                    | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.  |                                    | Suite, Apt. #, etc.   |   |  |  |
| City & State   |                                    | City & State  |   |  |  |
| Zip  | Country                            | Zip   | Country   |  |  |
| 6. Name and Address of Current Registered Agent  |                                    |   |   | 7. Name and Address of New Registered Agent  |  |
| <b>RICHEY, DENNISE<br/>518 GOODALL AVE<br/>DAYTONA BEACH, FL 32118</b>   |                                    |   |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> 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: <u><i>Dennise H. Richey</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                    |   |   | DATE: <u>4/28/2007</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                            |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |                                    |   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |                                    |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                 |  |  |
| TITLE  | P <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>RITZI, THOMAS</b>               |   | NAME  |  |  |
| STREET ADDRESS   | <b>1408 OAK FOREST DR</b>          |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | <b>ORMOND BCH, FL 32174</b>        |   | CITY-ST-ZIP   |  |  |
| TITLE  | VP <input type="checkbox"/> Delete |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>FLEMING, JOHN W</b>             |   | NAME  |  |  |
| STREET ADDRESS   | <b>39 CENTRAL AVE</b>              |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | <b>ORMOND BCH, FL 32174</b>        |   | CITY-ST-ZIP   |  |  |
| TITLE  | S <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>PENCE, SHEILA</b>               |   | NAME  |  |  |
| STREET ADDRESS   | <b>2068 S HALIFAX DR</b>           |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | <b>DAYTONA BCH, FL 32118</b>       |   | CITY-ST-ZIP   |  |  |
| TITLE  | T <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>HAGUE, DAVID</b>                |   | NAME  |  |  |
| STREET ADDRESS   | <b>PO BOX 1690</b>                 |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | <b>DAYTONA BCH, FL 32115</b>       |   | CITY-ST-ZIP   |  |  |
| TITLE  | D <input type="checkbox"/> Delete  |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | <b>CRUTCHFIELD, JACK</b>           |   | NAME  |  |  |
| STREET ADDRESS   | <b>122 MINERVA RD</b>              |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | <b>DAYTONA BCH, FL 32118</b>       |   | CITY-ST-ZIP   |  |  |
| TITLE  | <input type="checkbox"/> Delete    |   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                    |   | NAME  |  |  |
| STREET ADDRESS   |                                    |   | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  |                                    |   | 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. |                                    |   |   |  |  |
| SIGNATURE: <u><i>David Hague</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                    |   | DATE: <u>4/28/07</u> DAYTIME PHONE: <u>(386) 299-7600</u>                             |  |  |