

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004137

FILED
Apr 07, 2009
Secretary of State

Entity Name: PASCO COUNTY TENNIS FOUNDATION INC.

Current Principal Place of Business:

3152 LITTLE ROAD
#323
TRINITY, FL 34655

New Principal Place of Business:

Current Mailing Address:

3152 LITTLE ROAD
#323
TRINITY, FL 34655

New Mailing Address:

FEI Number: 20-8905125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALITTI, SUZANNE M
3152 LITTLE ROAD
#323
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

CANALES, SUZANNE M
3152 LITTLE ROAD
#323
TRINITY, FL 34655 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: SUZANNE M CANALES

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HILL, CHRISTINA
Address: 4334 OLIN STREET
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: SD () Delete
Name: HANLON, MARY
Address: 7150 ARBORETUM WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: TD () Delete
Name: PALITTI, SUZANNE M
Address: 3152 LITTLE ROAD, #323
City-St-Zip: TRINITY, FL 34655

Title: VPD () Delete
Name: GARI, JOE
Address: 3319 STONERAB DRIVE
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: CANALES, SUZANNE M
Address: 3152 LITTLE ROAD, #323
City-St-Zip: TRINITY, FL 34655

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: SUZANNE M CANALES

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04/07/2009

Electronic Signature of Signing Officer or Director

Date