

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

0077724

03-16-1999 90151 050 \*\*\*\*61.25

DOCUMENT # **N32571**

1. Corporation Name  
**THE PENSACOLA JUNIOR TENNIS ASSOCIATION, INC.**

Principal Place of Business  
P.O. BOX 30212  
PENSACOLA FL 32503

Mailing Address  
P.O. BOX 30212  
PENSACOLA FL 32503



2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	3. Date Incorporated or Qualified <b>05/26/1989</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>59-2969208</b>
City & State <b>23</b>	City & State <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Zip <b>24</b>	Zip <b>25</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent  <b>PERCIBALLI, BRENDA 3102 BRITTANY DRIVE PENSACOLA FL 32504</b>		10. Name and Address of New Registered Agent  81 Name <b>3102 BRITTANY PLACE</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOBER, JAMES 1390 FT PICKENS RD PENSACOLA BEACH FL 32561	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VPD SHAW, CARI 4140 BRIGHTON DRIVE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRANNEN, KIM 2464 SEMOR ROAD PENSACOLA FL 32503	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	SD BOOTH, BETSY 4060 ASHMORE PLACE PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BALZER, TERRIDA 1390 FT PICKENS ROAD PENSACOLA FL 32561	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	T WILLIAMS, JOYCE 3114 BRITTANY PLACE PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERCIBALLI, BRENDA 3102 BRITTANY PLACE PENSACOLA FL 32504	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brenda Perciballi* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 MAR 99

850-434-8768

Daytime Phone #

CR2E037 (11/98)