

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

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

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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

2a. Mailing Address

3. Date Incorporated or Qualified

05/26/1989

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2969208

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERCIBALLI, BRENDA
3102 BRITTANY DRIVE
PENSACOLA FL 32504

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3102 BRITTANY PLACE

83

84 City

FL

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 ☒ DELETE
NAME **KOBER, JAMES**
STREET ADDRESS **1390 FT PICKENS RD**
CITY-ST-ZIP **PENSACOLA BEACH FL 32561**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **SHAW, CARI**
1.3 STREET ADDRESS **4140 BRIGHTON DRIVE**
1.4 CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☒ DELETE
NAME **SD BRANNEN, KIM**
STREET ADDRESS **2464 SEMOR ROAD**
CITY-ST-ZIP **PENSACOLA FL 32503**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **SD BOOTH, BETSY**
2.3 STREET ADDRESS **4060 ASHMORE PLACE**
2.4 CITY-ST-ZIP **PENSACOLA, FL 32503**

TITLE ☒ DELETE
NAME **T BALZER, TERRIDA**
STREET ADDRESS **1390 FT PICKENS ROAD**
CITY-ST-ZIP **PENSACOLA FL 32561**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **WILLIAMS, JOYCE**
3.3 STREET ADDRESS **3114 BRITTANY PLACE**
3.4 CITY-ST-ZIP **PENSACOLA, FL 32504**

TITLE ☐ DELETE
NAME **PD PERCIBALLI, BRENDA**
STREET ADDRESS **3102 BRITTANY PLACE**
CITY-ST-ZIP **PENSACOLA FL 32504**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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

Date

850-434-8768

Daytime Phone #

CR2E037 (11/98)