

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N32571

1. Entity 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



04062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEUNER, TONY
1914 E. AVERY STREET
PENSACOLA, FL 32503

**DO NOT WRITE
IN THIS SPACE**

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

Signature of the registered agent or the Director

Signature of the Registered Agent or the Director

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LOWREY, JACK
STREET ADDRESS	3730 BARNWELL CIRCLE
CITY ST ZIP	PENSACOLA, FL 32503
TITLE	SD
NAME	BARROW, JENNIE
STREET ADDRESS	3400 DUNWOODY DRIVE
CITY ST ZIP	PENSACOLA, FL 32503
TITLE	PD
NAME	NEUNER, TONY
STREET ADDRESS	1914 E. AVERY STREET
CITY ST ZIP	PENSACOLA, FL 32503
TITLE	TD
NAME	BROWN, WADE
STREET ADDRESS	3847 DUNWOODY DRIVE
CITY ST ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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04/09/04-80026-073 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WADE BROWN 4/6/04