


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # N32935 1. Entity Name TENNIS WITH A DIFFERENT SWING, INC.	
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Principal Place of Business % SHEILA BOLIN 8505 W. IRLO BRONSON HWY KISSIMMEE, FL 34747 US	Mailing Address % SHEILA BOLIN 8505 W. IRLO BRONSON HWY KISSIMMEE, FL 34747 US
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DO NOT WRITE IN THIS SPACE



01102004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2968271	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BOLIN, SHEILA
8505 W. IRLO BRONSON WAY
KISSIMMEE, FL 34747**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOLIN, SHEILA 2301 W BRYAN KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLIN, SHIRLEY 2301 W. BRYAN KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, GLORIA 834 COMMONWEALTH COURT CASSELBERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOCH, MARY ANN 8505 W. IRLO BRONSON PARKWAY KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, WILLIAM G, ESQ 538 E. WASHINGTON ST ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVERS, DR MELVIN C 910 EMMETT ST KISSIMMEE, FL

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12. 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 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: *Sheila Bolin* - Sheila Bolin - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **(407) 239-2293**