

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N32935**

1. Entity Name  
**TENNIS WITH A DIFFERENT SWING, INC.**



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**



01182005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2968271**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

**6. Name and Address of Current Registered Agent**

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

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

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

UN00000332710  
04/26/05-80069-008 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)(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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #