2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N32935

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

Principal Place of Business	Mailing Address
% SHEILA BOLIN 8505 W. IRLO BRONSON HWY KISSIMMEE, FL 34747 US	% SHEILA BOLIN 8505 W. IRLO BRONSON HWY KISSIMMEE, FL 34747 US

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03132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2968271
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

U00000534296
05/02/06-80006-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 President Sheila Bolin - President 4/21/06 407-239-2292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #