

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
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**



04132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**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, 2007**

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

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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05/01/07-80032-006 70.00

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 A. Bolin 4/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #