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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N39102

1. Corporation Name
GREATER PENSACOLA TENNIS ASSOCIATION, INC.

471184 - 90056 - 47

Principal Place of Business	Mailing Address
% A.G. CONDON. JR. 30 S SPRING ST PENSACOLA FL 32501	% A.G. CONDON. JR. 30 S SPRING ST PENSACOLA FL 32501

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/12/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3067204 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CONDON, A.G., JR. 30 S SPRING ST PENSACOLA FL 32501	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☑ DELETE	1.1 TITLE	Treasurer-D	☐ Change ☑ Addition
NAME	GREEN, JON		1.2 NAME	Richard Sloan	
STREET ADDRESS	3320 TOMPKINS ST		1.3 STREET ADDRESS	1180 Ellison Dr.	
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	P	☐ DELETE	2.1 TITLE	President Elect-D	☐ Change ☑ Addition
NAME	GEORGE, SHARON		2.2 NAME	Karen Slocum	
STREET ADDRESS	4075 POWRIE DR		2.3 STREET ADDRESS	1100 Shoreline Dr.	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	T	☑ DELETE	3.1 TITLE	Corresponding Secretary-D	☑ Change ☐ Addition
NAME	WATSON, ROBERT		3.2 NAME	Watson, Robert	
STREET ADDRESS	5490 ROWE TRAIL		3.3 STREET ADDRESS	5490 Rowe Trail	
CITY-ST-ZIP	PACE FL		3.4 CITY-ST-ZIP	Pace, FL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WROTEN, DEBBIE		4.2 NAME		
STREET ADDRESS	123 MIRABELLE CR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32514		4.4 CITY-ST-ZIP		
TITLE	DCS	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WYMAN, MIKE		5.2 NAME		
STREET ADDRESS	3930 ROMMITCH LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Sharon George, President 2-10-99 850-478-1405
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)