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**Secretary of State**

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0050692

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N44591**

1. Corporation Name

**BAY AREA BLACK TENNIS PLAYERS (BABTEP), INC.**

Principal Place of Business  
5914 IDLE FOREST PLACE  
TAMPA FL 33614

Mailing Address  
5914 IDLE FOREST PLACE  
TAMPA FL 33614



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

08/08/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number  
59-3099258

Applied For  
Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEAN-PIERRE, EDWARD  
5914 IDLE FOREST PLACE  
TAMPA FL 33614

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

14. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE  
NAME DAVIS, ARETHA  
STREET ADDRESS 5914 IDLE FOREST PL  
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME PARHAM, ALMA  
STREET ADDRESS 1043 19TH AVENUE S  
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE  
NAME NELSON, JERRY  
STREET ADDRESS 1929 5TH AVE DR E  
CITY-ST-ZIP BRADENTON FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ASD ☐ DELETE  
NAME SPENCER, JO ANN  
STREET ADDRESS 1105 6TH ST EAST  
CITY-ST-ZIP BRADENTON FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME JEAN-PIERRE, EDWARD  
STREET ADDRESS 701 E. SELMA AVENUE  
CITY-ST-ZIP TAMPA FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ROUNDTREE, NATHANIEL  
STREET ADDRESS 4615 COLUMBUS WAY S  
CITY-ST-ZIP ST. PETERSBURG FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)