

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90211 024 ****61.25

DOCUMENT # N44591

1. Entity 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

24003677



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3099258

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

Edward Jean Pierre

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edward Jean Pierre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

813 876 1282

Daytime Phone #