FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49977** **(4)**

1. Corporation Name

TALLAHASSEE TENNIS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 38415 TALLAHASSEE FL 32315 US	P.O. BOX 38415 TALLAHASSEE FL 32315 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/21/1992**

3a. Date of Last Report: **02/24/1994**

4. FEI Number: **59-3139981** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 Country — 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRAYHAM, JERRY G 315 BEARD STREET TALLAHASSEE FL	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	FONS, JOHN P.	12 NAME	MCLEAN, PAMELA C.	
STREET ADDRESS	2607 MAYFIELD AVENUE	13 STREET ADDRESS	3206 ENTERPRISE DR	
CITY ST ZIP	TALLAHASSEE FL	14 CITY ST ZIP	TALLAHASSEE, FL 32312	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	COFFEY, MAGDALENE	22 NAME	HELMS, JOAN	
STREET ADDRESS	3701 PINE TIP ROAD	23 STREET ADDRESS	1405 BROOME ST	
CITY ST ZIP	TALLAHASSEE FL	24 CITY ST ZIP	TALLAHASSEE, FL 32301	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	WEATHINGTON, CARL	32 NAME	WARD, BETH	
STREET ADDRESS	512 S. RIDE	33 STREET ADDRESS	2921 SETTING SUN TRAIL	
CITY ST ZIP	TALLAHASSEE FL	34 CITY ST ZIP	TALLAHASSEE, FL 32303	
TITLE	SD	41 TITLE	SD	☒ Change ☐ Addition
NAME	LINZY, MARY	42 NAME	FRAZIER, LINDA	
STREET ADDRESS	6228 BUSHY CREEK ROAD	43 STREET ADDRESS	1560 LEE AVE	
CITY ST ZIP	TALLAHASSEE FL	44 CITY ST ZIP	TALLAHASSEE, FL 32303	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	RIZZA, ANNE	52 NAME		
STREET ADDRESS	7737 MCCLURE DRIVE	53 STREET ADDRESS		
CITY ST ZIP	TALLAHASSEE FL	54 CITY ST ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	MCCLOY, JIM	62 NAME	FONS, JOHN P.	
STREET ADDRESS	3368 E. LAKESHORE DRIVE	63 STREET ADDRESS	2607 MAYFIELD AVE	
CITY ST ZIP	TALLAHASSEE FL	64 CITY ST ZIP	TALLAHASSEE, FL 32312	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Pamela C McLean — April 25, 1995 — 488-0310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027778