

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 28 1997 8:00am
Secretary of State

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 32315-8415
US

3. Date Incorporated or Qualified **07/21/1992** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-3139981

Applied For
Not Applicable

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

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

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 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 **MCLEAN, PAMELA C**
STREET ADDRESS **3208 ENTERPRISE DR**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **VD** ☒ DELETE
NAME **HELMS, JOAN**
STREET ADDRESS **1405 BROOME ST**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE **P/D** ☐ Change ☒ Addition
2.2 NAME **Jesse Durham**
2.3 STREET ADDRESS **1526 Spruce Ave.**
2.4 CITY-ST-ZIP **Tallahassee, FL 32303**

TITLE **TD** ☐ DELETE
NAME **CONWAY, BROCK**
STREET ADDRESS **2626 NOBLE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **SD** ☐ DELETE
NAME **FRAZIER, LINDA**
STREET ADDRESS **1580 LEE AVE**
CITY-ST-ZIP **TALLAHASSEE FL**

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

TITLE **D** ☒ DELETE
NAME **RIZZA, ANNE**
STREET ADDRESS **7737 MCCLURE DRIVE**
CITY-ST-ZIP **TALLAHASSEE FL**

5.1 TITLE **V/D** ☐ Change ☒ Addition
5.2 NAME **Mike C. Brown**
5.3 STREET ADDRESS **2024 Pats Place # 8**
5.4 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE **D** ☒ DELETE
NAME **FONS, JOHN P**
STREET ADDRESS **2807 MAYFIELD AVE**
CITY-ST-ZIP **TALLAHASSEE FL**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Sandi Varn**
6.3 STREET ADDRESS **7038 Hanging Vine Way**
6.4 CITY-ST-ZIP **Tallahassee FL 32311**

14. I do 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.

SIGNATURE: *[Signature]* **Pamela C. Mclean**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/97
Date

Daytime Phone # **0008678**

CR2E037 (9/96)