


FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49977** (4)

1. Corporation Name

TALLAHASSEE TENNIS ASSOCIATION, INC.



Principal Place of Business P.O. BOX 38415 TALLAHASSEE FL 32315 US	Mailing Address P.O. BOX 38415 TALLAHASSEE FL 32315 US
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3. Date Incorporated or Qualified 07/21/1992
4. FEI Number 59-3139981
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
23 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current 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
85 Zip Code	FL

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number Is Not Acceptable)
83	84 City
85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, PAMELA C	1.2 NAME	
STREET ADDRESS	3208 ENTERPRISE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, JESSE	2.2 NAME	Durham, Jesse
STREET ADDRESS	1526 SPRUCE AVE	2.3 STREET ADDRESS	1526 Spruce Ave
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONWAY, BROCK	3.2 NAME	Sandra R. Stovall
STREET ADDRESS	2626 NOBLE DRIVE	3.3 STREET ADDRESS	1749 River Birch Holbw
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRAZIER, LINDA	4.2 NAME	Frazier, Linda
STREET ADDRESS	1560 LEE AVE	4.3 STREET ADDRESS	1560 Lee Ave.
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MIKE C	5.2 NAME	Brown, Mike C
STREET ADDRESS	2024 PATS PLACE, #B	5.3 STREET ADDRESS	2024 Pats Place, #B
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARN, SANDI	6.2 NAME	Malville McCarthy
STREET ADDRESS	7038 HARGING VINE WAY	6.3 STREET ADDRESS	417 Audubon Dr.
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee, FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Durham, Jesse
2.3 STREET ADDRESS	1526 Spruce Ave
2.4 CITY-ST-ZIP	Tallahassee, FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sandra R. Stovall
3.3 STREET ADDRESS	1749 River Birch Holbw
3.4 CITY-ST-ZIP	Tallahassee, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Frazier, Linda
4.3 STREET ADDRESS	1560 Lee Ave.
4.4 CITY-ST-ZIP	Tallahassee, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Brown, Mike C
5.3 STREET ADDRESS	2024 Pats Place, #B
5.4 CITY-ST-ZIP	Tallahassee, FL
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Malville McCarthy
6.3 STREET ADDRESS	417 Audubon Dr.
6.4 CITY-ST-ZIP	Tallahassee, FL

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.

SIGNATURE: *[Signature]* **Pamela C. McLean** 414-7296

CR2E037 (10/97)