

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49977

FILED
Jul 12, 2004
Secretary of State**Entity Name:** TALLAHASSEE TENNIS ASSOCIATION, INC.**Current Principal Place of Business:**P.O. BOX 38415
TALLAHASSEE, FL 32315 US**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 38415
TALLAHASSEE, FL 32315 US**New Mailing Address:****FEI Number:** 59-3139981**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FOX, PEGGY
3064 IRONWOOD DR
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**FARRIS, MARGARET R
3075 LONGFORD DRIVE
TALLAHASSEE, FL 32309 US

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.

SIGNATURE: MARGARET R. FARRIS

07/12/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONWAY, BROCK JR
Address: 2626 NOBLE DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: PPD () Delete
Name: MAYEWSKI, ROB
Address: 4181 KIMBERLY ROAD
City-St-Zip: TALLAHASSEE, FL 32302

Title: PD () Delete
Name: DAVIS, ANNE
Address: 4004 BOBBIN BROOK CIR
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: WITHERS, BARBARA S
Address: 3838 KILLEARN CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: SD () Delete
Name: WITTENBERG, NANCY
Address: 4042 SAWGRASS CIR
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD () Delete
Name: TARTAGLIA, MIKE
Address: 5206 RIVIERA DR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MARSTON, TIM
Address: 2062 W. FOREST DR.
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WITHERS, BARBARA S
Address: 3838 KILLEARN CT
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNE DAVIS

PRES

07/12/2004

Electronic Signature of Signing Officer or Director

Date