

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49977

FILED
Mar 10, 2009
Secretary of State

Entity Name: TALLAHASSEE TENNIS ASSOCIATION, INC.

Current Principal Place of Business:

FOREST MEADOWS PARK
4950 N. MERIDIAN RD.
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 38415
TALLAHASSEE, FL 32315

New Mailing Address:

PO BOX 38414
TALLAHASSEE, FL 32315

FEI Number: 59-3139981

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIRKS, PAUL
3974 MCWEST COURT
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BAHORSKI, TOM
Address: 8527 YASHUNTAFUN RD
City-St-Zip: TALLAHASSEE, FL 32311

Title: PD () Delete
Name: VOGTER, KAREN
Address: 1235 SKIP WELLS CT
City-St-Zip: TALLAHASSEE, FL 32312

Title: D () Delete
Name: DAMRON, KIM
Address: 1624 NORWOOD LN
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD () Delete
Name: BALDOCK, RHONDA
Address: 164 ROSEHILL DR
City-St-Zip: TALLAHASSEE, FL 32312

Title: SD () Delete
Name: GANDY, LORI
Address: 8239 BUCK LAKE RD
City-St-Zip: TALLAHASSEE, FL 32317

Title: D () Delete
Name: BRITT, JENNIFER
Address: 3609 HARWELL PL
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 exemption stated in Chapter 119, 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: THOMAS A BAHORSKI

TD

03/10/2009

Electronic Signature of Signing Officer or Director

Date