

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 05, 1999 8:00am
Secretary of State

02-05-1999 90004 044 *****61.25

DOCUMENT # N50941

i. Corporation Name

FLORIDA TENNIS FOUNDATION, INC.

Principal Place of Business

1280 SW 36TH AVE
STE 305
POMPANO BCH. FL 33069
US

Mailing Address

1280 SW 36 AVE
STE 305
POMPANO BCH. FL 33069
US



Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

09/22/1992

4. FEI Number

65-0400848

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GREEN, MARIAN M.
1280 SW 36 AVE
STE 305
POMPANO BCH. FL 33069

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
P. GREEN, MARIAN
2. STREET ADDRESS
16 DORCHESTER CIRCLE
3. CITY-STATE-ZIP
PALM BEACH GARDENS FL 33418

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2. NAME
D. HALL, DAVID
3. STREET ADDRESS
3666 N.W. 13TH PLACE
4. CITY-STATE-ZIP
GAINESVILLE FL

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3. NAME
D. NEWFIELD, MARGARET
4. STREET ADDRESS
9556 CARLISLE AVENUE
5. CITY-STATE-ZIP
SURFSIDE FL

☐ DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4. NAME
D. SHEA, ROLLAND
5. STREET ADDRESS
700 MELROSE AVE. J4
6. CITY-STATE-ZIP
WINTER PARK FL 23789

☐ DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

☐ DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

☐ DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: *Marian M. Green* SIGNATURE REQUIRED: MARIAN M. GREEN 1-17-99 561-691-0681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)