


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90015 023 ****61.25

DOCUMENT # N94000001237 1. Entity Name SUNCOAST TENNIS FOUNDATION, INC.					
Principal Place of Business 3313 SAN CARLOS STREET CLEARWATER, FL 33759 US			Mailing Address P.O. BOX 706 DUNEDIN, FL 34697-0706 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02122005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3216936				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOSTER, JUDY 3313 SAN CARLOS STREET CLEARWATER, FL 33759			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <input type="checkbox"/> Delete WINSHIP, SUSAN 1075 MARY JANE LN DUNEDIN, FL 34698		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas, D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Susan Winship 1075 Mary Jane Ln Dunedin FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change FOSTER, JUDY 3313 SAN CARLOS ST CLEARWATER, FL 33759		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ex Dir, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Judy Foster 3313 San Carlos St Clear, FL 33759	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete SIMON, JACKI 4454 CLEARWATER HARBOR DR BELLEAIR BLUFFS, FL 33770		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MORGAN, NANCY 2395 HAWTHORNE DRIVE CLEARWATER, FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nancy Morgan 2395 Hawthorne Dr. Clear, FL 33764	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Chris Skinner 1205 Huntington Ln Safety Harbor, FL 34695	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robin Short 2834 Seabreeze Dr. S. Gulfport, FL 33707	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Susan Winship</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Feb 18, 05 727 733-2750 <small>Date Daytime Phone #</small>		