FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N9400006302 (3)

GAINES	SVILLE AREA TENNIS ORGA	ANIZATION, INC.				
Principal Place of Business Mailing Address					I JOONINES BIO CENSE ONDIT BONIN DEVIN C	IBAN ABUN BANA BUMA BUMA BANA BUMA KAN INDI
3666 N.W. 13TH PLACE GAINESVILLE FL 32605 3666 N.W. 13TH PLACE GAINESVILLE FL 32605						
					 Date Incorporated or Qualified 12/23/1994 	3a. Date of Last Report 07/07/1995
2. Principal Pla	ace of Business	2a. Malling Address		4. FEI Number	Applied For	
21		26		59-3288259	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
City & State		City & State			Fee Hequired	
City & State		28		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip	Country	Zip	Countr	y	8. This corporation has liability for in	
24	25	29	30		Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent		Lv	10. Name and Address of New Re	glatered Agent
			81	Name		
HALL, DAVID			82	Street Add	dress (P.O. Box Number is Not Acceptable)
	W. 13TH PLACE		83		***************************************	
GAINES	VILLE FL 32605					
			84	City		FL 85 Zip Code
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						
	Signature, typed or printed name of registered agont a	<u>, , ,,, ,,,, ,,, ,,,,,,,,,,,,,,,,,,,,</u>		ent signature requir	red when reinstating)	DATE
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	HALL, DAVID W	Doctor	1.2 NAME			
STREET ADDRESS	3666 NW 13TH STREET			T ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 CITY - ST - ZIP			
TITLE	VPD	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	COLLIER, COURTLAND A		2 2 NAME			
STREET ADDRESS	830 NW 22ND TERR.		2 3 STREI	T ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605			-ST-ZIP		FT Observe FT Address
TITLE	SD	DEFELE	3.1 TITLE			Change Addition
NAME ether i annoese	HAWK, ZELDA J 4411 NW 14TH PLACE		3.2 NAME	T ADDRESS		
STREET ADDRESS CITY-ST-ZIP	GAINESVILLE FL 32605		3.3 STREE	1		
TITLE	TD	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	DEIST, ROBERT		4. 2 NAM			
STREET ADDRESS	2701 NW 36TH DRIVE		4.3 STRE	T ADDRESS		
CiTY-ST-7IP	GAINESVILLE FL 32605		4.4 CITY	ST-ZIP		
TITLE		DELETE	5.1 TITLE	i i		☐ Change ☐ Addition
NAME			5.2 NAME	i		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - 6.1 TITLE			Change Addition
TITLE NAME		Detter	6.2 NAMI			ட வக்கூட பண்ண
STREET ADDRESS				ET ADDRESS		
CITY-SI-ZIP			64 CITY			
	by certify that the information supplied v	with this filing is voluntarily furnish			for the exemption stated in Section 119.0	7(3)(k), 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: Park W. Hall Davi & W. Hall 29Fcb, 1996 352 342-3086
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Design Printed Name of Signing Officer OR DIRECTOR