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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000006302 (3)**

1. Corporation Name

GAINESVILLE AREA TENNIS ORGANIZATION, INC.

Principal Place of Business

**3666 N.W. 13TH PLACE
GAINESVILLE FL 32605**

Mailing Address

**3666 N.W. 13TH PLACE
GAINESVILLE FL 32605**

3. Date Incorporated or Qualified

12/23/1994

4. FEI Number

59-3288259

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, DAVID
3666 N.W. 13TH PLACE
GAINESVILLE FL 32605**

81 Name

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

83

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HALL, DAVID W	
STREET ADDRESS	3666 NW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HODGE, CLARK	
STREET ADDRESS	3500 S.W. 2ND AVE	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HAWK, ZELDA J	
STREET ADDRESS	4411 NW 14TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEIST, ROBERT	
STREET ADDRESS	2701 NW 36TH DRIVE	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	JONES, CHANDLER	
STREET ADDRESS	2026 N.W. 27TH ST	
CITY-ST-ZIP	GAINESVILLE FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE: *[Signature]* REQUIRED

1/15/98 32-371-9400

CR2E037 (10/97)