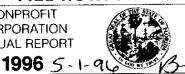
## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
SION OF CORPORATIONS

N95000004247 (1) DOCUMENT #

TAMPA BAY INNER-CITY YOUTH TENNIS ACADEMY, INC.

Mailing Address



2725 66TH TERRACE SOUTH ST. PETERSBURG FL 33712		2725 66TH TERRACE SOUTH ST. PETERSBURG FL 33712					
					3. Date Incorporated or Qualified 09/06/1995	3a. Date of Last Report	
2. Principal Place of Business		2a. Mailing Address 26	F		4, FEI Number 59 - 3343, 074	Applied For Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State	3	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country 25	Zip <b>29</b>	Coun 30	itry	Tionga Statetee	Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
ROBERTS, LIONEL V 2725 66TH TERRACE SOUTH ST. PETERSBURG FL 33712				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  83			
				84 City		FL 85 Zip Code	
or regieter	to the provisions of Sections 617.05 red agent, or both, in the State of Fi th, and accept the obligations of, Se	orida. Such change was auth	iorized by the co	re-named corporporation's bo	oration submits this statement for the purp ard of directors. I hereby accept the appo	oose of changing its registered office introduced introduced introduced agent. I am	
SIGNATURE	Signature typed or printed name of registered ag	gent and title if applicable		Agent signaturo regui	red when renstating)	DATE	
0.1102.014.0			13.				
TITLE	D	DELETE	1 1 TIT	•	- Clas Mr Rouse	Change Addition	
NAME !	BARRENS, JIM		1.2 NA	ME 🖳	DEMENS DR.S		
STREET ADORESS	2634 69TH AVENUE S		1357	REET ADORESS	1226 DEMENT DR.S T. PETERSDUFF, My ?	ミスフル	
CITY-ST-ZIP	ST. PETERSBURG FL 3371	,	1.4 017	Y-ST-ZIP	12. Les MO Partel 1 and 2		
CITT OT EIT	D. FEILIGDONG I E COF II	[ ] DELETE	21 11	I. 70		Change  ddition	

SIGNATURE _	Signature, typed or printed name of registered agent and title if appire	abie (NOTE:	Registered Agent signature regi	irred when renstating)	DATE	
12.	OFFICERS AND DIRECTO		13.		GES TO OFFICERS AND DIRECTORS IN 12	
TITLE	0	DELETE	1 1 TOTLE	Clas No famil	Change Addition	
NAME	BARRENS, JIM		1.2 NAME	726 DEMENT DR.S ST. PETERSBURG, Ply	ļ	
STREET ADDRESS	2634 69TH AVENUE S		1 3 STREET ADDRESS	ET DETERBURG Ples	33712	
CITY-ST-ZIP	ST. PETERSBURG FL 33712		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2 1 TITLE	DISTANCE BECKMAN	☐ Change ☐ Addition	
NAME	ROBERTS, LIONEL V		2 2 NAME	4569 4074 5.5		
STREET ADDRESS	2725 66TH TERRACE SOUTH		23 STREET ADDRESS	ST PETRASBURG, PL,	27711	
CITY - ST - ZIP	ST. PETERSBURG FL 33712		2 4 GITY - ST - ZIP	of the state of th		
TITLE	D	DELETE	31 TITLE	KUDY INCITUDE RAISE	☐ Change ☐ Addition	
NAME	Roberts, Merlene		3.2 NAME	2304 SUNDER -		
STREET ADORESS	2725 66TH TERRACE SOUTH		3.3 STREET ADDRESS	ST. PETERS BURG, FOR	33706	
CITY-ST-ZIP	ST. PETERSBURG FL 33712		3 4. C(TY - ST - Z(P			
TITLE	D	DELETE	4 1 TITLE	TREHIA COL	☐ Change ☐ ★Odition	
NAME	FORTEAU, CARMEN		4 2 NAME	4800 26 TH COURTS	1 2 TK) -	
STREET ADDRESS	6741 18TH STREET SOUTH		4 3 STREET ADDRESS	TRENIA COL 4800 26 TH COURTS ST. PETERSBURG, Deg	37/12	
CITY - ST - ZIP	ST. PETERSBURG FL 33712					
TITLE	D D	DELETE	5 1 TITLE	terry cox	D.10.131	
NAME	BENTO, ANNETTE		5.2 NAME	4808 2614 COUPT	<b>S</b>	
STREET ADDRESS	2755 66TH TERRACE SOUTH		5 3 STREET ADDRESS	ST. Perges But 6, blu	3372	
CITY-ST-ZIP	ST. PETERSBURG FL 33712		5 4 CITY-ST-ZIP	SI I DIMPONTO, VAI		
TITLE	D	DELETE	61 TIFLE	COUNT DEA SHEET	Change Addition	
NAME	BENTO, RONALD		62 NAME	5100 ANT 51.5		
STREET ADDRESS	2755 66TH TERRACE SOUTH		63 STREET ADDRESS	51. Hardsen 6, da	35/[	
	AT PETERARISMA EL MAZAA		CACITY OF 210	►	•	

64 CITY-ST-ZIP

ST. PETERSBURG FL 33712

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this agrical report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the proporation 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 chapted or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER