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FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000004247 (1)

1. Corporation Name

TAMPA BAY INNER-CITY YOUTH TENNIS ACADEMY, INC.



Principal Place of Business

Mailing Address

2725 66TH TERRACE SOUTH  
ST. PETERSBURG FL 337122725 66TH TERRACE SOUTH  
ST. PETERSBURG FL 33712-56113. Date Incorporated or Qualified  
09/06/19953a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRENS, JIM	
STREET ADDRESS	2634 69TH AVENUE S	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, LIONEL V	
STREET ADDRESS	2725 66TH TERRACE SOUTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, MERLENE	
STREET ADDRESS	2725 66TH TERRACE SOUTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORTEAU, CARMEN	
STREET ADDRESS	6741 18TH STREET SOUTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENTO, ANNETTE	
STREET ADDRESS	2755 66TH TERRACE SOUTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENTO, RONALD	
STREET ADDRESS	2755 66TH TERRACE SOUTH	
CITY - ST - ZIP	ST. PETERSBURG FL 33712	

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 do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

Date

(813) 867-3663

Daytime Phone # 0050915

CR2E037 (9/96)