FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

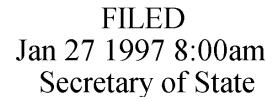
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N96000002275 (3)

SOUTH FLORIDA YOUTH DEVELOPMENT TENNIS PROGRAM,





Principal Place of Business Mailing Address				E LEERING TO 1811 AND STATE BEAN BOTH ONLY AREA HOSE LIGHT 1888 AND 18				
505 FOSTER RE		505 FOSTER ROAD HALLANDALE FL 33009-32	34					
THE PHOPIES		THE CONTROL OF THE CONTROL OF	• •		3. Date Incorporated or Qualified 04/26/1996	3a. Date of Last	Report	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21 944	1 SW 20 ST	26 9441 SW	6 9441 SW 20st				ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	1 1 '	Additional Required		
22 27 City & State City & State					A Floring Countries Francisco			
	amar. Fl	28 Miramar, Fl		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees		
Zip	Country	Zip		ntry	8. This corporation has liability for			
24 3302	15 Is Broward	29 33025	30	Barrara	t Florida Statutes	Yes No		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent		
1	_			81 Name (Lhristopher L. Sa	nds		
SANDS, CHRISTOPHER L				82 Street Add	2 Street Address (P.O. Box Number is Not Acceptable)			
505 FOSTER ROAD				83 94	141 SW 20 SF			
HALLAN	DALE FL 33009							
				84 City A	ramar		Code	
44 Directort	to the provinces of Sections 617 0500	and 617 1509 Florida Statu	ton the el		poration submits this statement for the p		3025	
office or r	egistered agent, or both, in the State of	of Florida. Such change was	authorize	d by the corporal	tion's board of directors. I hereby acce	pt the appointment a	s registered	
agent I a	/	ions of, Section 617.0503, Fl	orida Sta	tutes.				
SIGNATURE	Signature typed or printed name of registered agent		iden	d Agent signature requi		115197		
12.	OFFICERS AND		13.	J Agent signatura regor	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTO	PRS IN 12	
TITLE	D	DELETE	1.1 TI	TLE		☐ Change		
NAME	SANDS, CHRISTOPHER L		1.2 N	AME				
STREET ADDRESS	9441 SW 20 STREET		1.3 S	ireet address				
CITY-ST-ZIP	MIRAMAR FL 33025		1.4 C	ITY - ST - ZIP				
TITLE	D	DELETE	2.1 Ti			Change	☐ Addition	
NAME	MCCOY, LEOLA R		2.2 N	AME				
STREET ADDRESS	1750 NW 24 TERR		2.3 \$	TREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33311		2.40	CITY-ST-ZIP				
TITLE	D	DELETE	3.1 1	TLE		Change	Addition	
NAME	LONDON, WILLIE		3.2 N	AME				
STREET ADDRESS	2501 NW 24 TERR		3.3 S	TREET ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL 33311		3.4. 0	OTY-ST-ZIP				
TITLE		DELETE	4.1 Ti	TLE		Change	Addition	
NAME			4.21	3MAI				
STREET ADDRESS			4.3 \$	TREET ADDRESS				
CITY-ST-2IP		····		ITY-ST-ZIP				
TITLE		☐ DELETE	5.1 T	TLE		Change	Addition	
NAME			5.2 N	AME]				
STREET ADDRESS	İ		5.3 S	treet address				
CITY-ST-ZIP				ITY-ST-ZIP				
TITLE		DELETE	6.1 T	TLE		Change	Addition	
NAME	}		6.2 N	AME)				
STREET ADDRESS			6.3 S	TREET ADDRESS				
CITY-ST-ZIP			6.40	ITY-ST-ZIP				
		and all the control of the control o			dia Cartina 440 07/01/2). Clasida Ctabute	رجاف بالأخمام والمساحلين الأراز والمسارك		

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.